REPORT OF ORAL DEFENSE
MASTER’S THESIS OR MASTER’S PROJECT

KENT STATE UNIVERSITY
COLLEGE OF EDUCATION, HEALTH, AND HUMAN SERVICES
OFFICE OF GRADUATE STUDENT SERVICES
ROOM 418 WHITE HALL
KENT, OH 44242-0001

This form should be filed with the Office of Graduate Student Services (Room 418 White Hall) by the oral defense deadline established each graduation. Signatures required when /s/ shown.

Date of Examination __________________________

Student No.____________________________________

Name of Student _________________________________
(first) (middle) (last)

Address _______________________________________
(number & street) (city) (state) (zip)

Email ________________________________ Local Phone Number ______________________

Department and Area of Concentration ________________________________

Exact Title of Master’s Thesis or Master's Project (circle one)
______________________________________________________________

______________________________________________________________

Circle Result of Examination: Pass Fail
(A student passes or fails by majority vote of the committee)

Signatures of Examining Committee:

Thesis/Project Director /s/ __________________________ Pass _____ Fail _____

Member /s/ __________________________ Pass _____ Fail _____

Member /s/ __________________________ Pass _____ Fail _____

Acknowledgement:

Graduate/Program Area Coordinator /s/ ___________________________ (Date)

Associate Dean for Administrative Affairs/s/ ___________________________ (Date)