



Thesis Report

Department of Communicative Arts and Sciences

To: Graduate dean

Student: _____ ID: _____

Date of oral thesis defense: _____

Oral defense: Pass Fail

Final copy of thesis: Accepted Accepted with revisions Must be resubmitted

Outcome: With honors Satisfactory Unsatisfactory

Remarks and Recommendations: _____

Endorsements

Committee chair Date

Committee member Date

Committee member Date

Committee member Date

Graduate coordinator Date

Graduate dean Date