

**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)