

**THESIS COMPLETION AND DEFENSE FORM**

CANDIDATE NAME \_\_\_\_\_

CANDIDATE ADDRESS \_\_\_\_\_

EXACT TITLE OF THESIS \_\_\_\_\_

GENRE \_\_\_\_\_

DEFENSE DATE \_\_\_\_\_

**SIGNATURES OF EXAMINING COMMITTEE**

NAME (print)	SIGNATURE	PASS	FAIL
_____ (Thesis Director)	_____	_____	_____
_____ (Reader)	_____	_____	_____
_____ (Reader)	_____	_____	_____
_____ (Outside Reader, if any)	_____	_____	_____

**FINAL RESULT:**       **PASS**       **FAIL\***

\*Attach comments or specific conditions if student fails.

\_\_\_\_\_  
NEOMFA PROGRAM DIRECTOR

\_\_\_\_\_  
CHAIR OR DEAN