

EASTERN MICHIGAN UNIVERSITY
Graduate School
ORAL DEFENSE of the MASTER'S THESIS
Approval Form

Student Name _____

Program of Study _____ ID# E _____

TITLE OF THESIS

ORAL DEFENSE

Date _____ Time _____ Place _____

After review of the thesis and on the basis of the oral defense of the work presented in the thesis, the master's committee certifies that the candidate:

- Satisfactorily passed the oral defense of the thesis
- Did not satisfactorily pass the oral defense of the thesis

Recommendations _____

COMMITTEE SIGNATURES

FINAL document approval of the written requirement will occur upon review of suggested edits with signatures on the *THESIS DOCUMENT APPROVAL FORM*.

Chair: _____

Members: _____

ACKNOWLEDGEMENT OF PASSING THE ORAL DEFENSE

Date _____ Director of Clinical Training/Master's Program Coordinator/Department Head

Signed original to department file