



The University of North Carolina at Charlotte

THE GRADUATE SCHOOL

Dissertation Defense Report for Doctoral Candidates

Name (as it appears in your student records): _____

Student ID #: 800 _____ Date: _____

Program of Study: _____ Track: _____

Dissertation Defense: _____

Passed: _____ Failed: _____ Date: _____

Re-examination: _____

Passed: _____ Failed: _____ Date: _____

Committee Signatures: _____

Chair (Print Name and Sign)

Member (Print Name and Sign)

Member (Print Name and Sign)

Member (Print Name and Sign)

Graduate Faculty Representative (Print Name and Sign)

Track Coordinator Signature: _____

Dean of the Graduate School Signature: _____

(Revised 11/9/09)