



Dissertation Defense Outcome Form

Please complete and return this form to the Graduate Programs Office in 219 Maloney Hall.
For any questions, please call 617-552-4928 or fax 617-552-2121.

Date: _____ Location: _____ Time: _____

Student / Candidate's Name: _____

Title of Dissertation: _____

- OUTCOME:**
- DISSERTATION DEFENSE PASSED
 - DISSERTATION DEFENSE PASSED WITH MINOR REVISIONS*
 - DISSERTATION DEFENSE PASSED WITH MODERATE REVISIONS*
 - DISSERTATION DEFENSE FAILED AND MUST BE RESCHEDULED

***REVISIONS TO BE APPROVED BY:**

- Full committee
- Committee chairperson
- Committee member(s) (specify) _____

Committee Chairperson (please print): _____

Signature _____ Vote: ___ Pass / ___ Pass with Revisions / ___ Fail

Second Committee Member (please print): _____

Signature _____ Vote: ___ Pass / ___ Pass with Revisions / ___ Fail

Third Committee Member (please print): _____

Signature _____ Vote: ___ Pass / ___ Pass with Revisions / ___ Fail

Fourth Committee Member (optional) (please print): _____

Signature _____ Vote: ___ Pass / ___ Pass with Revisions / ___ Fail

Fifth Committee Member (optional) (please print): _____

Signature _____ Vote: ___ Pass / ___ Pass with Revisions / ___ Fail