

GCH 999 Dissertation Defense Outcome Form

This form is to be completed by the dissertation chair, and confirms the outcome of the dissertation defense and outlines the decisions made by the Committee. The student agrees to abide by the terms and consequences set forth in this form in case of a non-passing outcome. Please retain a copy of this form for your records.

	NAME	EMAIL	DEPARTMENT	MASON GRADUATE FACULTY	
COMMITTEE CHAIR				Yes	No
SECOND MEMBER				Yes	No
THIRD MEMBER				Yes	No
FOURTH MEMBER				Yes	No

STUDENT NAME: _____

DISSERTATION DEFENSE DATE _____

DISSERTATION TITLE: _____

OUTCOME Please check one of the following options:

Pass Conditional Pass Did Not Pass

Committee Terms Decision (Only applicable if the outcome is “Conditional Pass” or “Did Not Pass”) Please select one of the following options from the dropdown.

SIGNATURES

	Signature	Date
<i>Committee Chair</i> _____		_____
<i>Second Member</i> _____		_____
<i>Third Member</i> _____		_____
<i>Fourth Member</i> _____		_____

STUDENT ACKNOWLEDGEMENT (to be signed by the student)

I, the undersigned student, hereby acknowledge and agree to the following:

1. I acknowledge the outcome of the dissertation defense.
2. I understand the consequences of a non-passing outcome as decided by the Committee.
3. I agree to abide by the terms set by the Committee, if applicable.

By signing below, I confirm that I have read, understood, and agree to comply with the above-stated terms and conditions.

Student's Signature:

Student _____ *Date* _____