

FLORIDA INTERNATIONAL UNIVERSITY
UNIVERSITY GRADUATE SCHOOL

Thesis Defense Report (M-4)

ALL INFORMATION MUST BE TYPED.

Date _____

Name _____ PantherSoft # _____
Last First Middle

Address _____ E-mail _____
Street

_____ Phone _____
City State Zip

Master's Program: _____ College: _____ Department: _____

Title of Thesis: _____

The undersigned members of the Committee certify that the final oral defense of the thesis of the above named student was successful _____ unsuccessful _____.

Certified by: (Please type all names below the line, sign and date)

Major Professor Date

Member Date

Member Date

Member Date

Member - Appointee of Dean of the University Graduate School Date

PLEASE NOTE REQUIRED REVISIONS BEFORE ACCEPTANCE OF THE THESIS:

RECEIVED: _____ Date _____
Dean of College or School

RECEIVED: _____ Date _____
Dean of the University Graduate School

The copy of this form submitted to the University Graduate School must have all original signatures.

Distribution: (1) UGS (2) Dean of College or School (3) Department (4) Student Revised 6/05