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RESULTS OF ORAL EXAMINATION IN DEFENSE OF THESIS/DISSERTATION

To: The Dean of The Graduate School			
From: Print Name of Candidate's Committee Chair or Committee Co-Chairs			
School/Department:			
Date:			
RE: Results of Oral Examination in Defense of	Thesis	Dissertation	l
Degree Candidate:	Student ID Number: _		
Degree: Major:			
Date of Examination:	Competency Rating:	Pass	Fail
Comments:			
Committee Chair: Signature		Da	nte