



### Dissertation/Thesis Defense Final Examination Report

Candidate \_\_\_\_\_  
Last First Initial

Examination date \_\_\_\_\_ Program \_\_\_\_\_

Degree  MS  PhD

Major field \_\_\_\_\_ Minor field \_\_\_\_\_

Dissertation/Thesis title \_\_\_\_\_

The undersigned members of the Graduate Faculty have examined the candidate and accept his/her Dissertation/Thesis.

Examination Committee			
Typed Name	Accept	Signature	Department
(Advisor)	<input type="checkbox"/>		
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#### Approvals

\_\_\_\_\_  
Signature of Program Director Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Dean of the School of Public Health Date \_\_\_\_\_