

## Dissertation/Thesis Defense Final Examination Report

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

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

Degree  MS  PhD

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

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

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

<b>Examination Committee</b>			
Typed Name	Accept	Signature	Department
<i>(Chair)</i>	<input type="checkbox"/>		
<i>(Admin)</i>	<input type="checkbox"/>		
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### Approvals

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

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