

FORM F

THE GRADUATE SCHOOL MONTCLAIR STATE UNIVERSITY REPORT OF DISSERTATION DEFENSE

Within **24 hours** of the Defense, please return the completed form, with all signatures, to: docstudy@montclair.edu

Student Name: _____ CWID#: _____

Address: _____ Defense Date: _____

Program: _____

Dissertation Title (Case Sensitive): _____

Defense being reported: ☐ First Defense ☐ Second Defense ☐ Review of Pass with Conditions

(Pass – no substantive revisions; Pass with Conditions – substantive revisions; Fail – second defense required)

☐ Pass

☐ Pass with Conditions

☐ Fail

Committee Member

Signature

Date

☐ Pass

☐ Pass with Conditions

☐ Fail

Committee Member

Signature

Date

☐ Pass

☐ Pass with Conditions

☐ Fail

Committee Member

Signature

Date

☐ Pass

☐ Pass with Conditions

☐ Fail

Committee Member

Signature

Date

☐ Pass

☐ Pass with Conditions

☐ Fail

Dissertation Chair

Signature

Date

Doctoral Program Director certifies that the above student has met the requirement for the successful defense of the dissertation.

Doctoral Program Director

Signature

Date

If the majority of the above votes are Conditional Pass, list the conditions and timetable for making the revisions to the dissertation or defense (attach as a separate document). Indicate below the deadline by which all changes must be made:

Changes must be submitted to the Chair and/or Dissertation Committee no later than: _____

The Graduate School's Use Only

The Graduate School certifies that the above student has met the requirement for the successful defense of the dissertation and authorizes a grade of P in all dissertation courses (900).

Signature, Dean of The Graduate School or Designee

Date

Distribution: The Graduate School, Doctoral Program Director, Dissertation Chair, Student