

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#: _____

Program: _____ Defense Date: _____

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) and Dissertation Extension (901).

Signature, Dean of The Graduate School or Designee Date

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