

FLORIDA A&M UNIVERSITY
SCHOOL OF GRADUATE STUDIES AND RESEARCH

DEFENSE OUTCOME FORM

(Due ten days after defense)

Please Type

Defense Date: _____

Candidate's Name: _____

Student ID No: _____

Degree Seeking: Master's Ph.D DrPH

Department: _____

College/School: _____

Thesis/Dissertation Title:

Defense Outcome: Passed Failed

Revisions Required: Yes No

Comments:

Approvals:

PROFESSOR DIRECTING PROJECT

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Signature of Graduate Studies & Research Dean