

RESULTS OF ORAL DEFENSE

The University of Southern Mississippi
Graduate School
118 College Drive #5024 Hattiesburg MS 39406

*This PDF form is fillable. Handwritten copies will not be accepted
Completed form should be submitted via email.*

Date: _____

Defense Type: _____ Date of Defense: _____

Student's Name (First, Middle, Last): _____ Student ID: _____

Degree: _____ Anticipated Graduation Date (term/year): _____

College: _____ School: _____

Major: _____ Emphasis: _____

The committee chair will check the appropriate option below. The signed form should be submitted via email immediately after defense:

Approved with no revisions required.

Approved pending revisions as indicated by the committee. Student must complete revisions and the document approved by the committee before the Graduate School Documents Specialist deadlines for submission. ***The committee chair should email the Documents Specialist at documentspecialist@usm.edu stating the revisions have been approved by the committee.***

Not approved. Student must defer graduation to a future semester, make required revisions, and defend again.

COMMITTEE APPROVAL, NAMES, AND SIGNATURES

Print Name	Signature	Pass	Fail
Cmt Chair: _____	Cmt Chair: _____		

The committee chair understands that content, grammar, and spelling in the document must be correct before it is submitted to the Documents Specialist. The student should submit the committee approved thesis, dissertation, or doctoral project to the Documents Specialist having followed the dictates of their chosen style manual and utilizing the template provided by the Graduate School.

Print Name	Signature	Pass	Fail
Cmt Member: _____	Cmt Member: _____		
Cmt Member: _____	Cmt Member: _____		
Cmt Member: _____	Cmt Member: _____		
Cmt Member: _____	Cmt Member: _____		
Cmt Member: _____	Cmt Member: _____		
Graduate Director/Coordinator: _____	Graduate Director/Coordinator: _____		