



MARQUETTE UNIVERSITY GRADUATE SCHOOL DISSERTATION APPROVAL FORM

Chairperson / Director: Submission of this form indicates that the student has satisfactorily completed the Dissertation Defense, and is submitting the dissertation in its final, approved form. **This completed form must be delivered to the Graduate School with the final dissertation.** If you need assistance completing this form, please contact the Graduate School at 414-288-7137.

STUDENT INFORMATION

Name: MUID:

Program: Defense Date:

Dissertation Director:

Title:

A. DISSERTATION DEFENSE

1. The committee voted by a number of to accept and to NOT accept this dissertation.

(Attach any comments, if necessary. A failed defense requires comments.)

- Approved with no changes Approved pending required changes due by _____
- Failed defense Approved with recommended changes

2. If the vote is not a unanimous acceptance, the approval of the Department Chairperson is required to allow the student to pass with a non-unanimous vote.

- Approve Disapprove

Signature: Date:

3. Committee Members: Your signature indicates that you agree with the above indicated results.

TYPED NAMES

SIGNATURES

Dissertation Director:	<input type="text"/>	Dissertation Director:	<input type="text"/>
Committee Member:	<input type="text"/>	Committee Member:	<input type="text"/>
Committee Member:	<input type="text"/>	Committee Member:	<input type="text"/>
Committee Member:	<input type="text"/>	Committee Member:	<input type="text"/>
Committee Member:	<input type="text"/>	Committee Member:	<input type="text"/>

B. DISSERTATION FINAL SUBMISSION

This is to certify that all required changes have been made; the dissertation is accepted and approved for submission to the Graduate School.

Dissertation Director Signature: Date:

PLEASE FORWARD COMPLETED FORM TO THE GRADUATE SCHOOL

FOR GRADUATE SCHOOL USE ONLY:

Date Received: _____