



# Dissertation Defense Outcome Form

Please complete and return this form to the Graduate Programs Office in 219 Maloney Hall.  
For any questions, please call 617-552-4928 or fax 617-552-2121.

Date: \_\_\_\_\_ Location: \_\_\_\_\_ Time: \_\_\_\_\_

Student / Candidate's Name: \_\_\_\_\_

Title of Dissertation: \_\_\_\_\_

- OUTCOME:**
- DISSERTATION DEFENSE PASSED
  - DISSERTATION DEFENSE PASSED WITH MINOR REVISIONS\*
  - DISSERTATION DEFENSE PASSED WITH MODERATE REVISIONS\*
  - DISSERTATION DEFENSE FAILED AND MUST BE RESCHEDULED

**\*REVISIONS TO BE APPROVED BY:**

- Full committee
- Committee chairperson
- Committee member(s) (specify) \_\_\_\_\_

Committee Chairperson (please print): \_\_\_\_\_

Signature \_\_\_\_\_ Vote: \_\_\_ Pass / \_\_\_ Pass with Revisions / \_\_\_ Fail

Second Committee Member (please print): \_\_\_\_\_

Signature \_\_\_\_\_ Vote: \_\_\_ Pass / \_\_\_ Pass with Revisions / \_\_\_ Fail

Third Committee Member (please print): \_\_\_\_\_

Signature \_\_\_\_\_ Vote: \_\_\_ Pass / \_\_\_ Pass with Revisions / \_\_\_ Fail

Fourth Committee Member (optional) (please print): \_\_\_\_\_

Signature \_\_\_\_\_ Vote: \_\_\_ Pass / \_\_\_ Pass with Revisions / \_\_\_ Fail

Fifth Committee Member (optional) (please print): \_\_\_\_\_

Signature \_\_\_\_\_ Vote: \_\_\_ Pass / \_\_\_ Pass with Revisions / \_\_\_ Fail