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Report on Thesis Defense
For the Degree of Master of Science/Engineering

Name: Student Identification No.:
Department: Major/Concentration:

Thesis Report

Thesis Title:

Thesis Advisor:
Reader:
Grade:

Satisfactory but Minor Revisions Required

Revisions Required:
Expected Completion Date:

Not Satisfactory

Reason:
Revisions Required:
Expected Completion Date:

Thesis Advisor and Reader (Please Print):

Thesis Advisor and Reader Signatures:

THESIS ADVISOR
READER

THESIS ADVISOR DATE
READER DATE
DEPARTMENT DIRECTOR DATE
DEAN OF GRADUATE ACADEMICS DATE