

ORAL DEFENSE
GRADUATE SCHOOL
SOUTHERN ILLINOIS UNIVERSITY

An evaluation of Eligibility for the _____ degree in _____
as reported by members of the final examination committee.

Name of Student ID Number

1. Evaluation of Oral Defense of: Dissertation
 Thesis
 Research Report

Title: _____

2. Members of the examining committee and their evaluation of the oral defense:

Recommended		Name (print or type)	Signature	Check if Chair or Co-Chair
Yes	No			
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>

DATE _____