

JACKSON STATE UNIVERSITY
Division of Graduate Studies
Defense Committee's Report of Results Form

To the student, please complete all of the "typed" areas prior to printing the form and obtaining the necessary signatures.

Name:

J Number:

Address:

City, State, Zip Code:

To be completed by the committee chair:

This student **did** successfully defend ☐

We have examined the final copy for form, content, and recommend that all be approved in partial fulfillment of the requirements for the degree of with a major of

This student **did not** successfully defend ☐

The student was provided appropriate written feedback. The student was advised he/she may petition the Academic College Dean for a second defense after an interval of six months

Dissertation☐ **Ed.S. Thesis**☐ **Ed.S. Project**☐ **Masters' Thesis**☐ **Masters' Project**☐

Title:

Committee Approval and Signatures

We have read this proposal for significance, methodology, sources of data, compliance with IRB/IACUC regulations and recommend its approval.

We agree to serve on this committee in accordance with the policies of the department/program, college, and the Division of Graduate Studies.

Committee Chair: _____

Academic Advisor: _____

Typed Name:

Typed Name:

Date:

Date:

Committee Member: _____

Committee Member: _____

Typed Name:

Typed Name:

Date:

Date:

Committee Member: _____

External Member: _____

Typed Name:

Typed Name:

Date:

Date:

Approval by the Department/Program and College

☐ Approved by the committee

☐ Unapproved by the committee

We recommend: (select one)

Dissertation☐ **Ed.S. Thesis**☐ **Ed.S. Project**☐ **Masters' Thesis**☐ **Masters' Project**☐

We have read this recommendation for compliance with the policies of the department/program, college, Division of Graduate Studies and recommend its approval.

Department Chair: _____

College Dean: _____

Typed Name:

Typed Name:

Date:

Date:

Dean of the Division of Graduate Studies: _____

Typed Name:

Date: