

Date

## Graduate Program Defense Completion Form **Student Information:** Legal Name: First Middle Student ID#: Email: Degree: Program: Type: ☐ Thesis ☐ Dissertation ☐ Oral/Written Exam Date of Defense: Thesis/Dissertation Title: \*Exact title as it should appear in Commencement program **Committee Members:** We certify that this thesis/dissertation/oral exam is adequate in scope and quality as a record of study for this graduate degree. Our approval or dissent of the content and format is indicated below. This form should not be signed until the student has taken the oral examination and/or made all the thesis/dissertation changes requested by the committee. **Printed Name** Signature Grade Committee Chair No Credit Pass No Credit Committee Member **Pass** Committee Member No Credit Committee Member Pass No Credit Committee Member No Credit Degree Plan Grades \*If Applicable: I hereby DO DO NOT authorize all degree plan Incomplete (I or N) grades for 299, 399, etc. coursework for which the above-named student enrolled be changed to Pass (P). Department Chairperson Date Signature Thesis/Dissertation Review and Acceptance of the ETD Format: I have reviewed the final electronic version (pdf) of the above-mentioned document and determined that it is an accurate representation of the content of the document reviewed and accepted by the committee. To the best of my knowledge, this document adheres to the format and style requirements outlined in the Thesis and Dissertation Formatting Guide. Student Name (print) Student Signature Date

Chairperson Signature

Submit completed form to <a href="ETD@pacific.edu">ETD@pacific.edu</a>.

Committee Chair Name (print)