

# Results of Dissertation Defense

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Ph.D. Degree Program

\_\_\_\_\_  
Student's ID Number

\_\_\_\_\_  
Student's Advisor (signature and date)

Advisor's Home Department/Program: \_\_\_\_\_

Date of Defense: \_\_\_\_\_

Passed:     Conditional Pass:     Failed:

Conditional Pass Justification (Attached):

Date of Conditional Defense: \_\_\_\_\_

Passed:     Failed:

Date of Final Outcome: \_\_\_\_\_  
(could be the same Date of Exam)

The undersigned committee members stipulate that the candidate has successfully completed the dissertation defense and fulfilled that specific requirement for the Ph.D. degree in Materials Science.

Advisor/Committee Chair: \_\_\_\_\_  
(signature) (date)

Committee Member: \_\_\_\_\_  
(signature) (date)

Committee Member: \_\_\_\_\_  
(signature) (date)

Committee Member: \_\_\_\_\_  
(signature) (date)

Committee Member: \_\_\_\_\_  
(signature) (date)

Montana Tech Campus Director: \_\_\_\_\_  
(signature) (date)

Dean of Graduate School: \_\_\_\_\_  
(signature) (date)