MONTANA
TECHNOLOGICAL UNIVERSITY
GRADUATE SCHOOL

Montana Tech Results of Graduate Defense

Student Name:	**Student ID:**
Type of Defense:	
Advisor:	**Department:**

Date of Defense: _____

◯ **Passed** ◯ **Conditional Pass*(see explanation)** ◯ **Failed**

Date of Conditional Defense: _____

◯ **Passed** ◯ **Failed**

Date of Final Outcome (2nd attempt): _____

◯ **Passed** ◯ **Failed**

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

The signatures below stipulate that the candidate has successfully completed the defense and fulfilled that specific requirement for the degree.

Signatures:

Advisor:	**Date:**
Committee Member:	**Date:**
Committee Member:	**Date:**
Committee Member:	**Date:**
Committee Member:	**Date:**
Department Head:	**Date:**
Dean of Graduate School:	**Date:**

A conditional pass will require an explanation signed by the student and the advisor: