



**UNIVERSITY OF MARYLAND
EASTERN SHORE
DIVISION of ACADEMIC AFFAIRS
School of Graduate Studies**

REPORT ON DISSERTATION/THESIS DEFENSE

Date: _____

Name of Candidate: _____ Degree Sought: _____

Student's I.D.: _____ Graduate Program: _____

Date of Oral Examination: _____

The student named above has successfully defended the thesis or dissertation. By signing below, the committee members approve the thesis or dissertation, and certify that all required corrections have been proposed.

Chair (Printed Name/ Signature):

Committee Members:	Date
Printed Name/ Signature)	

Representative of the Graduate Dean (Dissertation Only):
Printed Name/ Signature)

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School of Graduate Studies (graduatestudies@umes.edu)	Date
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