



Dissertation Defense Outcome

Student Name:

KSU ID#:

KSU Email:

Doctoral Program:

Dissertation Title:

Dissertation Defense:

Date:	Passed	Failed	Passed with Revisions (attach)
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Signatures:

Dissertation Chair	Date
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Committee Member	Date
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Committee Member	Date
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Committee Member	Date
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Committee Member	Date
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Program Coordinator or Department Chair	Date
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Graduate College Approval	Date
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