

**ORAL DEFENSE**  
 SIUE - SIUC GRADUATE SCHOOL  
 SOUTHERN ILLINOIS UNIVERSITY

An evaluation of Eligibility for the \_\_\_\_\_ degree in \_\_\_\_\_  
 as reported by members of the final examination committee.

\_\_\_\_\_

Name of Student ID Number

1. Evaluation of Oral Defense of:       Dissertation
- Thesis
- Research Report

Title: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Members of the examining committee and their evaluation of the oral defense:

Recommended		Name (print or type)	Signature	Check if Chair or Co-Chair
Yes	No			
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
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DATE \_\_\_\_\_