



# Graduate School of Biomedical Sciences

## FORM BBS08: DISSERTATION DEFENSE OUTCOME

INSTRUCTIONS: The student should provide the names of all committee members for this form, prior to the defense. Committee members may sign at the defense, unless the DEC determines that questions about the outcome are significant enough to warrant delay.

The DEC Chair should sign the form only upon approval of the final revised versions of the thesis.

This form will not be accepted, and the student record will not be considered Complete, unless all DEC members have signed and dated the form.

FOR

PREVIEW ONLY

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| <b>Date of Defense</b>                                     |  |
| <b>Date Defense Passed (Final Revised Thesis Accepted)</b> |  |

|   | <b>Name (Please Print)</b> | <b>Signature</b> | <b>Date</b> |
|---|----------------------------|------------------|-------------|
| <b>Student</b>  |                            |                  |             |
| <b>Thesis Advisor</b>                                     |                            |                  |             |
| <b>DEC Chair</b>  |                            |                  |             |
| <b>External Examiner</b>                                  |                            |                  |             |
| <b>DEC Member</b>   |                            |                  |             |
| <b>DEC Member</b>   |                            |                  |             |
| <b>DEC Member</b>   |                            |                  |             |
| <b>DEC Member</b>   |                            |                  |             |
| <b>DEC Member</b>   |                            |                  |             |
| <b>Graduate Program Director</b>                          |                            |                  |             |
| <b>Dean of the Graduate School of Biomedical Sciences</b> |                            |                  |             |
| <b>GSBS Office Staff</b>                                  |                            |                  |             |