

**JACKSON STATE UNIVERSITY**  
Division of Graduate Studies  
**Defense Committee's Report of Results Form**

To the student, please complete all of the "typed" areas prior to printing the form and obtaining the necessary signatures.

**Name:**

**J Number:**

**Address:**

**City, State, Zip Code:**

**To be completed by the committee chair:**

This student **did** successfully defend

We have examined the final copy for form, content, and recommend that all be approved in partial fulfillment of the requirements for the degree of \_\_\_\_\_ with a major of \_\_\_\_\_

This student **did not** successfully defend

The student was provided appropriate written feedback. The student was advised he/she may petition the Academic College Dean for a second defense after an interval of six months

**Dissertation**  **Ed.S. Thesis**  **Ed.S. Project**  **Masters' Thesis**  **Masters' Project**

**Title:**

**Committee Approval and Signatures**

We have read this proposal for significance, methodology, sources of data, compliance with IRB/IACUC regulations and recommend its approval.

We agree to serve on this committee in accordance with the policies of the department/program, college, and the Division of Graduate Studies.

Committee Chair: \_\_\_\_\_

Academic Advisor: \_\_\_\_\_

Typed Name:

Typed Name:

Date:

Date:

Committee Member: \_\_\_\_\_

Committee Member: \_\_\_\_\_

Typed Name:

Typed Name:

Date:

Date:

Committee Member: \_\_\_\_\_

External Member: \_\_\_\_\_

Typed Name:

Typed Name:

Date:

Date:

**Approval by the Department/Program and College**

Approved by the committee

Unapproved by the committee

We recommend: (select one) **Dissertation**  **Ed.S. Thesis**  **Ed.S. Project**  **Masters' Thesis**

**Masters' Project**

We have read this recommendation for compliance with the policies of the department/program, college, Division of Graduate Studies and recommend its approval.

Department Chair: \_\_\_\_\_

College Dean: \_\_\_\_\_

Typed Name:

Typed Name:

Date:

Date:

Dean of the Division of Graduate Studies: \_\_\_\_\_

Typed Name:

Date: