

## PhD Oral Defense Report

*After each committee member signs this form, return it to the Robotics Graduate Coordinator.*

NAME: \_\_\_\_\_

STUDENT ID #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Dissertation Defense Date: \_\_\_\_\_

The Committee evaluated this dissertation defense as follows:

Pass

Pass with Corrections

Fail

Corrections Summary (to be completed by Chair - use additional pages, if necessary):

**Committee Approval** (*you are concurring with the attached Dissertation Defense Summary and any corrections noted above*)

Chair: \_\_\_\_\_  
Name Signature Department

Member: \_\_\_\_\_  
Name Signature Department

Member: \_\_\_\_\_  
Name Signature Department

Member: \_\_\_\_\_  
Name Signature Department

Member: \_\_\_\_\_  
Name Signature Department