

Defense Committee Approval

Student Information

Student Name	(First, Middle, Last)			Date
Student ID			Graduate Program	
Date of Final C	Oral Examination			
Select One:	☐ First Attempt	☐ Second Attempt		
Title of Thesis	or Dissertation			
Instruction	s			
Purpose: The I	Defense Committee Ap	oproval (DCA) is the official	document by which the success of a	final oral examination is reported to the Graduate
the defense co pass. If a tie vo	mmittee with a simple occurs, then the stu	majority determining the oudent is considered to have	tcome unless the academic unit resp failed the final oral examination. A re	of pass or fail is by a vote of the voting members of consible for the program requires a unanimous vote for sult of pass is documented by the signatures of all be submitted to the Graduate College.
immediately up copy of the cor and otherwise	oon determining that th mpleted DCA is submit by the Chair of the Sup	e student has passed the e ted to the Graduate Collego	examination and is signed by all voting by the Graduate Faculty Represent signee). The submission to the Gradu	e final oral examination. The DCA is completed g members of the defense committee. The original ative (GFR) if the defense committee includes a GFR, tate College should take place no later than the close
Deliver: Email coordinator.	l a scanned or digital	y signed copy to <u>succes</u>	s@boisestate.edu. Copy (cc) the st	eudent, committee members, and the program
Signatures				
The undersign	ed persons are the voti	ing members of the defense	e committee and find that the student	has passed the final oral examination.
Chair of Supervisory Committee Signature			Print Name	Date
Committee Member Signature Check if Co-Chair		Print Name	Date	
Committee Member Signature			Print Name	Date
Committee Member Signature			Print Name	Date
Committee Member Signature			Print Name	Date
External Examiner Signature (if applicable)			Print Name	Date
I certify that the	e voting members of th	e defense committee deter	mined a result of pass for this final or	al examination.
Graduate Faculty Representative Signature (if applicable)			Print Name	Date