



Report on MS Final Thesis Defense

Student Name: _____ **PID #:** _____

Student OHIO Email Address: _____ is seeking a Master of Science in:

Degree Program/Code: _____

Department/School: _____

Human/Animal Subject Review: Human/Animal subjects were used in this study _____
Approval has been received from Human Subject Review Compliance (IRB) _____

Exact Title of Thesis:

Date of Final Thesis Defense: _____

Result (please select): _____

Names and Signatures of Thesis Committee:

** NOTE TO ADVISOR : This Report should be signed and submitted to the Russ College Dean's Office (russgradinfo@ohio.edu) as soon as the FINAL approval has been given for the corrected thesis document. This form must be submitted in order for the student's thesis hours to be changed to credit (CR) or a grade (if applicable).*

Thesis Advisor **Date**

External College Representative #1 **Date**

Committee Member #2 **Date**

Committee Member #3 **Date**

Committee Member #4 (optional) **Date**

Department/School Graduate Chair **Date**

Eric Steinberg, Ph.D., P.E. **Date**
Associate Dean for Research and Graduate Education