

Online Graduate Defense Results

Email submission to gradsvcs@lsu.edu.

Student Information:

Name:

LSU Student ID:

Official Major:

Official Minor:
(if applicable)

Defense Date:

Exam Type:

Master's

☐ Thesis ☐ Non-Thesis

☐ Pass ☐ Fail

Doctoral

☐ General ☐ Final

☐ Pass ☐ Fail

DMUS (Non-Thesis)

☐ Pass ☐ Fail

Exam Results: We, the undersigned committee members, were present and voted as follows:

Print Name	Sign Name			
Committee Chair		☐ Pass	☐ Fail	☐ Retake
Co-Chair (if applicable)		☐ Pass	☐ Fail	☐ Retake
Dean's Representative		☐ Pass	☐ Fail	☐ Retake
Minor Professor (if applicable)		☐ Pass	☐ Fail	☐ Retake
Member		☐ Pass	☐ Fail	☐ Retake
Member		☐ Pass	☐ Fail	☐ Retake
Member		☐ Pass	☐ Fail	☐ Retake

If a student fails the exam and/or retake has been requested, please attach explanation specifying if the student will be allowed to retake the exam and, if so, the amount of time he/she has to retake it.

Administrative Approval

Dean of the Graduate School: _____ Date: _____