

**DEGREE WITH DISTINCTION  
THESIS DEFENSE REPORT**

Name of Candidate: \_\_\_\_\_

Department or College: \_\_\_\_\_

For Degree with Distinction at the \_\_\_\_\_ Commencement  
(semester, year)

Title of Thesis: \_\_\_\_\_

List all Committee Members starting with the Thesis Director:

<b>Name</b>	<b>Department or Institution</b>
_____	_____
_____	_____
_____	_____
_____	_____

The committee voted to      pass      the candidate.  
   fail

\_\_\_\_\_  
Date of Thesis Defense

\_\_\_\_\_  
Signature of Representative of Board of Senior  
Thesis Readers Present at Thesis Defense

\_\_\_\_\_  
Endorsed: \_\_\_\_\_  
Chair, University Committee on Student and Faculty Honors

*Return to: Undergraduate Research Program, 180 South College Ave.*