

CELL AND DEVELOPMENTAL BIOLOGY
Dissertation Defense Authorization and Evaluation

DATE _____

STUDENT _____

DISSERTATION COMMITTEE:

MENTOR Signature

Member Name Signature

Member Name Signature

Member Name Signature

PROCESS DETAILS

Title: _____

Date revised dissertation placed in CDB office: _____

Date of dissertation defense: _____

Date invitation e-mailed to CDB faculty: _____

CDB faculty member conducting defense:

Member Name Signature

- Pass, no revisions
- Pass with revisions
- Unsatisfactory (please attach details/description)

Date of public seminar: _____

Seminar title (if different): _____

SIGNATURE

CDB Program Director _____