

CELL AND DEVELOPMENTAL BIOLOGY
Dissertation Defense Authorization and Evaluation

DATE _____

THESIS MENTOR _____

THESIS COMMITTEE:

Member Name

Signature

Member Name

Signature

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Signature

Member Name

Signature

PROCESS DETAILS

Thesis 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: _____

SIGNATURE

CDB Program Director _____