

UNIVERSITY of
HOUSTON

COLLEGE of LIBERAL ARTS & SOCIAL SCIENCES
Department of English

**Oral Thesis Defense Sign Off Sheet
Graduate Studies in English**

Student Name: _____ **Degree:** _____

Committee Chair: _____ **Semester/Year:** _____

_____ (student name) has been awarded a _____ Pass / _____ Fail on their

Oral Thesis Defense on _____ (Date).

Signature, Chairperson: _____ Date: _____

Printed Name, Chairperson: _____ Date: _____

Signature, Examiner 1: _____ Date: _____

Printed Name, Examiner 1: _____ Date: _____

Signature, Examiner 2*: _____ Date: _____

Printed Name, Examiner 2*: _____ Date: _____

Signature, Outside Reader: _____ Date: _____

Printed Name, Outside Reader: _____ Date: _____

*A second examiner is only required for the Ph.D. Oral Thesis Defense and not the MFA.