

FLORIDA STATE UNIVERSITY • OFFICE OF GRADUATE STUDIES
OUTSIDE COMMITTEE MEMBER DOCTORAL DEFENSE REPORT--Page 1 of 2
(Please Type or Print)

Thank you for serving as the Outside Committee Member on the doctoral committee for the student whose name appears below. Use this form to complete a brief report on your student's dissertation defense. Return the original signed version of this form to the Dean of Graduate Studies via the Manuscript Clearance Advisor (MC: 1410). A copy of this form **MUST** be sent to the defending student's academic dean. The Dean of Graduate Studies requires this report no later than **ONE WEEK** from the successful completion of your student's defense. The completion of this form is a requirement needed in order for the student below, to be cleared for graduation. Failure to successfully complete this form, and submit it in a timely manner, will result in the delay of your student's manuscript clearance.

STUDENT INFORMATION:

NAME:

FSUSN:

DEFENSE DATE:

DEGREE TYPE: DOCTORATE

MANUSCRIPT TYPE: TREATISE DISSERTATION

COLLEGE:

DEPARTMENT/PROGRAM (If applicable):

MAJOR PROFESSOR:

CO-MAJOR PROFESSOR (If applicable):

OUTSIDE COMMITTEE MEMBER:

OUTSIDE COMMITTEE MEMBER'S DEPARTMENT OR PROGRAM:

OUTSIDE COMMITTEE MEMBER'S CAMPUS MAIL CODE:

<http://directory.fsu.edu/cgi-bin/search/searchList.cgi?searchStr=Search+&searchBy=lastname&submit=Search>

OUTSIDE COMMITTEE MEMBER'S E-MAIL ADDRESS:

TITLE OF MANUSCRIPT:

EVALUATION: This section is to be completed only by the Outside Committee Member. If "No" is selected for any of the following four questions, you must elaborate in the "Written Critique" section of this form as to why this is so.

- | | <u>YES</u> | <u>NO</u> |
|---|--------------------------|--------------------------|
| 1) DID THE STUDENT SUCCESSFULLY DEFEND HIS/HER DISSERTATION/TREATISE? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) WERE ALL COMMITTEE MEMBERS PRESENT? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) WAS THE DRAFT SUBMITTED TO THE COMMITTEE MEMBERS AT LEAST FOUR WEEKS IN ADVANCE? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) WAS THE DEFENSE CONDUCTED PROPERLY? | <input type="checkbox"/> | <input type="checkbox"/> |

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(Please Type or Print)

Student Last Name:

Student FSUSN:

WRITTEN CRITIQUE: This section is to be completed only by the Outside Committee Member. A written critique is required for all students. Do **NOT** leave this section blank.

APPROVAL:

By signing below, as the Outside Committee Member, you are indicating that upon completion of the dissertation, the student was able to successfully communicate, both orally and in writing, the knowledge and skills he/she has acquired within his/her discipline of study.

Outside Committee Member, *Ph.D. & Treatise Only*, (Signature and Date)

Outside Committee Member, *Ph.D. & Treatise Only*, (Print Name and Department)