School of Graduate Studies
Louisiana State University Health Sciences Center
Shreveport, Louisiana 71130

DISSERTATION / THESIS DEFENSE
FINAL EXAMINATION REPORT

Candidate:

Department:

Degree:

Examination Date:

Major Field:

Minor Field:

Dissertation Title:

The undersigned members of the Graduate Faculty have examined the candidate and accept his/her Dissertation/Thesis.

EXAMINING COMMITTEE		
Type Name	**Signature**	**Department**
	Advisor	

APPROVALS:

_____ Date:_____
Department Head

_____ Date:_____
Associate Dean of the Graduate School