

University of Kansas, Department of Communication Studies
**DOCTORAL ORAL COMPREHENSIVE DEFENSE OUTCOME
FORM**

This form should be completed by the committee immediately upon completion of the defense and returned to Clare Thoman in hard copy or scanned PDF form to clarethoman@ku.edu.

Student Name: _____ Student ID# _____

Oral Defense Outcome

SATISFACTORY

HONORS

UNSATISFACTORY

Committee Chair/Dissertation Advisor: _____

Signature: _____ Date: _____

Graduate Studies Representative: _____

Signature: _____ Date: _____