

University of Kansas, Department of Communication Studies
MA ORAL EXAM/DEFENSE OUTCOME FORM

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

Student Name _____ Student ID# _____

Date of Defense/Exam _____

Result of Portfolio Defense

SATISFACTORY

HONORS

UNSATISFACTORY

Committee Chair Signature: _____

Committee Chair Name: _____

Member Signature: _____

Member Name: _____

Member Signature: _____

Member Name: _____