

# ALABAMA A&M UNIVERSITY

## School of Graduate Studies

Normal, Alabama 35762

Post Office Box 998  
Telephone: (256) 372-5266

### ORAL EXAMINATION ON THESIS DISSERTATION

Name of the candidate:

Date

Area of Specialization:

Title of Thesis:

Name of the Thesis Committee Chairman:

*Note: The thesis committee members to be polled by the committee chairman after the oral examination*

Has the candidate

(Circle One)

- |  |     |    |
|--|-----|----|
| (1) Effectively presented the objectives, techniques, and findings of the thesis/dissertation?             | Yes | No |
| (2) Shown adequate depth of knowledge of the results and implications of the thesis/ dissertation?         | Yes | No |
| (3) Shown adequate depth of knowledge in the field of study in relationship to the degree to be conferred? | Yes | No |
| (4) Shown adequate awareness of the professional setting to the thesis/dissertation defense?               | Yes | No |

The examining committee recommends that the oral thesis examination on the thesis/dissertation to be

APPROVED

or

REJECTED

(circle one)

Name

Signature

Name

Signature

Name

Signature

Name

Signature

Name

Signature