GRADUATE DIVISION, 3117 CHEADLE HALL
UNIVERSITY OF CALIFORNIA, SANTA BARBARA

# REPORT ON DOCTORAL DEGREE FINAL DEFENSE

**REGISTRATION IN AN ACADEMIC QUARTER OR FILING LEAVE OF ABSENCE IS REQUIRED**
**THE QUARTER OF DISSERTATION/DMA SUPPORTING DEFENSE OR WAIVER**
*A copy of the processed form will be sent via email to the student and department*

Name: _____ Perm: _____ UMail: _____

Degree: _____ Major: _____ ☐ Registered or ☐ Filing LOA _____
*Quarter & Year*

_____ _____
*Student Signature* *Date*

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The above student's final defense was: ☐ Public ☐ Waived

On _____the committee reports the candidate's final defense results as follows:
***mm/dd/yyyy***

| **Member Name** (*type or print*) | ***Signature*** | Passed/Waived Yes | No |
|---|---|---|---|
| | | ☐ | ☐ |
| | | ☐ | ☐ |
| | | ☐ | ☐ |
| | | ☐ | ☐ |
| | | ☐ | ☐ |
| | | ☐ | ☐ |

The committee therefore recommends that the degree be: ☐ Conferred ☐ Denied

**Committee Chair:** _____ _____ _____
*Type or print Name* *Signature* *Date*

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*The above candidate has met all the requirements of the major department and those of the Graduate Division. I concur with the recommendation of the department and doctoral committee. The degree of Doctor of:* ☐ *Philosophy or* ☐ *Musical Arts in* _____
*will be conferred* _____.

***Dean of the Graduate Division:*** _____ ***Date***: _____