

This form must be completed by either the Dissertation Committee Chair or the Doctoral Program Director immediately following the defense and submitted to the Office of Graduate Studies, Fenster Hall, Suite 140. A copy of the public announcement must have previously been submitted.

**The last person signing the form (either the Program Director or Department Chair) should submit the digitally signed form to [gso-forms@njit.edu](mailto:gso-forms@njit.edu)**

Name of Doctoral Candidate \_\_\_\_\_  
Last First

Ph. D. Program \_\_\_\_\_ I. D. # \_\_\_\_\_

Final Title of Dissertation \_\_\_\_\_  
 \_\_\_\_\_

Date of Defense \_\_\_\_\_

**DISSERTATION COMMITTEE INFORMATION**

**Dissertation Advisor or Co-Advisors:**

Name	Department/Affiliation	Rank	
_____	_____	_____	Signature
<small>Print</small>			
_____	_____	_____	Signature
<small>Print</small>			

**Members of Dissertation Committee at Defense:**

Name	Department/Affiliation	Rank	
_____	_____	_____	Signature
<small>Print</small>			
_____	_____	_____	Signature
<small>Print</small>			
_____	_____	_____	Signature
<small>Print</small>			
_____	_____	_____	Signature
<small>Print</small>			
_____	_____	_____	Signature
<small>Print</small>			
_____	_____	_____	Signature
<small>Print</small>			

Results of Defense:       **Pass**       **Fail**       **Pass with Conditions**

Conditions \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Date conditions have been met      Print Name      Signature

**Doctoral Program Director**

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Print Name      Signature      Date

**Department Chair**

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Print Name      Signature      Date

**Graduate Studies**

Sotirios G. Ziavras

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Print Name      Signature      Date