

GRADUATE SCHOOL
OF ARTS AND SCIENCES
OF
BRYN MAWR
COLLEGE

Ph.D. Dissertation Defense Form

Candidate Name: _____

I. Dissertation Title:

II. DISSERTATION

Vote of Examiners: Satisfactory

Satisfactory with minor revision

Unsatisfactory

If necessary, attach explanatory notes or instructions

Name of Dissertation Director: _____

Signature: _____ Date _____

Name of Supervising Committee member: _____

Signature: _____ Date _____

Name of Supervising Committee member: _____

Signature: _____ Date _____

Name of Supervising Committee member: _____

Signature: _____ Date _____

III. FINAL EXAMINATION

Vote of Examiners: Satisfactory Unsatisfactory

Name of Dissertation Director: _____

Signature: _____ Date _____

Name of Supervising Committee member: _____

Signature: _____ Date _____

Name of Supervising Committee member: _____

Signature: _____ Date _____

Name of Supervising Committee member: _____

Signature: _____ Date _____

This examination was conducted according to specified procedures of the Graduate School of Arts and Sciences

Name of Outside Chair of the Supervising Committee: _____

Signature: _____ Date _____