
DATE OF SUBMISSION:
CANDIDATE LEGAL NAME:
MAILING ADDRESS:

PHONE NUMBER:
LAMAR UNIVERSITY ID:
MAJOR CONCENTRATION:

TENTATIVE DISSERTATION TITLE:

EXAMINATION/PROPOSAL DEFENSE DATE:

Unconditional Pass
Conditional Pass with a Statement of Conditions
Specific Conditions (must be provided if this option
is selected):

Failure – With Opportunity to Retake the Exam or
Redo the Defense
Failure – Student Dismissal from the Program

Student S __ MEMBER

DATE _____

3. EXAMINATION MEMBER _____

4. EXAMINATION MEMBER _____

5. EXAMINATION MEMBER _____

DEPARTMENT CHAIR

DATE _____

COLLEGE DEAN

DATE _____

Important Note: This form should be completed electronically where possible or printed and completed and sent to the individuals above in the order they are listed. Once the final approval is made at the level of the Dean, a copy of the completed form should be placed into the student records in the Department and College.