



Dissertation Defense Report
Duke Divinity School Th.D. Program
 (Chair submit to Director of Th.D. Program)



Name of Student: _____

Title of Dissertation: _____

Date of Defense: _____

- Committee action:**
- Approve
 - Approve pending revisions (chair empowered to verify)
 - Request significant revision and resubmission
 - Decline and discontinue

Printed name	Signature	
_____	_____	(Chair)
_____	_____	
_____	_____	
_____	_____	
_____	_____	