



Defense Committee Approval

Student Information

Student Name (First, Middle, Last)	Date
Student ID	Graduate Program
Date of Final Oral Examination	
Select One: <input type="checkbox"/> First Attempt <input type="checkbox"/> Second Attempt	
Title of Thesis or Dissertation	

Instructions

Purpose: The *Defense Committee Approval (DCA)* is the official document by which the success of a final oral examination is reported to the Graduate College.

Context: The result of a final oral examination can only be reported as pass or fail. The determination of pass or fail is by a vote of the voting members of the defense committee with a simple majority determining the outcome unless the academic unit responsible for the program requires a unanimous vote for pass. If a tie vote occurs, then the student is considered to have failed the final oral examination. A result of pass is documented by the signatures of all voting members of the defense committee on the *Defense Committee Approval (DCA)* form that is to be submitted to the Graduate College.

Procedure: A DCA is completed and submitted to the Graduate College only if the student passes the final oral examination. The DCA is completed immediately upon determining that the student has passed the examination and is signed by all voting members of the defense committee. The original copy of the completed DCA is submitted to the Graduate College by the Graduate Faculty Representative (GFR) if the defense committee includes a GFR, and otherwise by the Chair of the Supervisory Committee (or designee). The submission to the Graduate College should take place no later than the close of business on the next business day after the final oral examination.

Deliver To: Boise State University, Graduate College, Riverfront Hall, Room 307, 1910 University Drive, Boise, ID 83725-1110.

Signatures

The undersigned persons are the voting members of the defense committee and find that the student has passed the final oral examination.

Chair of Supervisory Committee Signature	Print Name	Date
Committee Member Signature <input type="checkbox"/> Check if Co-Chair	Print Name	Date
Committee Member Signature	Print Name	Date
Committee Member Signature	Print Name	Date
Committee Member Signature	Print Name	Date
External Examiner Signature (if applicable)	Print Name	Date

I certify that the voting members of the defense committee determined a result of pass for this final oral examination.

Graduate Faculty Representative Signature (if applicable)	Print Name	Date
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