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DATE OF SUBMISSION:  
CANDIDATE LEGAL NAME:  
MAILING ADDRESS:

PHONE NUMBER:  
LAMAR UNIVERSITY ID:  
MAJOR CONCENTRATION:

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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

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Student S \_\_ MEMBER

DATE \_\_\_\_\_

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3. EXAMINATION MEMBER \_\_\_\_\_

\_\_\_\_\_

4. EXAMINATION MEMBER \_\_\_\_\_

\_\_\_\_\_

5. EXAMINATION MEMBER \_\_\_\_\_

\_\_\_\_\_

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DEPARTMENT CHAIR

DATE \_\_\_\_\_

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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.