***The University of Delaware***

***Department of Kinesiology & Applied Physiology***

***Applied Physiology Program***

**Results of the Dissertation Defense**

 *The Chair of the Dissertation Committee is to submit this form to the Applied Physiology Program Coordinator, and a copy to the student, within one week of the proposal.*

We, the undersigned, as the Dissertation Committee for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

report the results of the Dissertation Defense held on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) are as follows (check one):

**\_\_\_ Unconditional pass.**

**\_\_\_ Conditional pass.** The conditions must be clearly stated, i.e., the exact nature of the deficiency must be described along with a mechanism(s) to repair this deficiency. The Chair of the Dissertation Committee must provide the Applied Physiology Program Coordinator with written notification when the student has resolved the conditional pass.

**\_\_\_ Re-examination.** Student will be re-examined within one semester before the Dissertation Committee will render a decision. Please summarize briefly the criticisms that led to this decision and give an estimate of the date of re-examination.

**\_\_\_ Failure.** The Dissertation Committee has decided that the student does not have the potential to complete the Ph.D. program. Please indicate why the student failed the examination.

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signatures *(please type each committee member's name under signature line)*:

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Chair, Dissertation Committee

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