THE UNIVERSITY OF TEXAS AT DALLAS

GRADUATE PROGRAM IN

**REPORT OF EXAMINATION OF MASTER’S THESIS DEFENSE**

We, the undersigned, as the Supervisory Committee for the master’s thesis of

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| *Student Name:* |  |
| *Student UTD-ID:* |  |

Report that he/she has presented his/her **defense** and we have conducted the oral examination.

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| *Examination Date:* |  |

The student has:

1. Completed the work assigned by the Supervisory Committee.
2. Passed all examinations required by the Graduate Program in .
3. Completed a thesis which gives evidence of his/her ability to do independent research and itself constitutes a contribution to knowledge.

Therefore, we recommend that he/she be granted the degree of Master of Science.

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| *Conditions (if any):* |  |

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| *COMMITTEE CHAIR (PRINT)* |  | *SIGNATURE* |

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| *MEMBER (PRINT)* |  | *SIGNATURE* |

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*Once this form is completed, please return it to the Degree Plan Evaluator in the* ***Materials Science*** *department.*