

# REPORT ON DOCTORAL DEGREE FINAL DEFENSE

Registration in an academic quarter or Filing leave of Absence is required during the quarter of dissertation/DMA supporting defense or waiver.

**Please note that the signature page is separate from this report on defense form.**

Name: \_\_\_\_\_ Perm: \_\_\_\_\_  
UCSB Email: \_\_\_\_\_ Doctor Of:      Philosophy      Musical Arts  
Major Name: \_\_\_\_\_  
Status:      Registered      Filing Leave      Quarter and Year: \_\_\_\_\_  
Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mark the correct box if the student's final defense was public or waived. If a defense is optional and is being waived, the department Chair must provide approval in addition to the committee.**

Public                      If optional waived defense, Department Chair Name: \_\_\_\_\_  
Waived                     If optional waived defense, Department Chair Signature: \_\_\_\_\_

**The committee has reached a decision regarding the final defense or waiver on this day:**

**Below, type the names of the committee members. Each member will sign next to their name and indicate whether the student passed/ is waived the public defense or if the student failed.**

Member 1 Name: _____	Member 1 Signature: _____	Pass	Fail
Member 2 Name: _____	Member 2 Signature: _____	Pass	Fail
Member 3 Name: _____	Member 3 Signature: _____	Pass	Fail
Member 4 Name: _____	Member 4 Signature: _____	Pass	Fail
Member 5 Name: _____	Member 5 Signature: _____	Pass	Fail
Member 6 Name: _____	Member 6 Signature: _____	Pass	Fail

**The committee therefore recommends that the degree be:**      Conferred      Denied

Committee Chair/Co-Chair Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Committee Co-Chair Name (if applicable): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Graduate Division Use Only: The above candidate has met all of the requirements of the major department and those of the Graduate Division. I concur with the recommendation of the department and doctoral committee. The degree will be conferred:**

Dean of the Graduate Division Signature: \_\_\_\_\_

Date: \_\_\_\_\_

UC **SANTA BARBARA**  
Academic Services  
Graduate Division