



**Department of Family Sciences
Dissertation Defense Evaluation**

Student Name: _____ **Date:** _____

TWU E-mail: _____ **Student ID:** _____

Program: Early Childhood Development & Education

Family Studies Family Therapy

Results: Accepted

Revise with Minor Revisions

Revise and Re-Defend

Required Revisions: (attach separate page if needed)

Committee Chair Signature: _____ **Date:** _____

Committee Member Signature: _____ **Date:** _____

Committee Member Signature: _____ **Date:** _____

Committee Member Signature: _____ **Date:** _____

Committee Member Signature: _____ **Date:** _____

Department Chair Signature: _____ **Date:** _____

In accordance with Leg. House Bill 1922, individuals are entitled to: request to be informed about the information collected about them, receive and review their information, and correct any incorrect information.

Revised March 2018

Department of Family Sciences

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