



Defense Report for Master's Project

Student Name: _____ ID #: 800_____

Degree/Major: MS in Mathematics: _____

The above named student has: (Check one) Passed Failed

_____ Project Defense On: Month_____ Day_____ Year_____

Committee Signatures (All committee members must be active members of the Graduate Faculty):

Chair: _____
(Print Name, Sign and Date)

Member: _____
(Print Name, Sign and Date)

Member: _____
(Print Name, Sign and Date)

Member: _____
(Print Name, Sign and Date)

Graduate Program Director: Shaozhong Deng
(Print Name, Sign and Date)