

**LINDENWOOD UNIVERSITY**  
School of Sport, Recreation and Exercise Sciences

**Thesis Defense Result**

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

Date of Proposal: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_

University ID Number: \_\_\_\_\_

Degree: \_\_\_\_\_ Area of Concentration (If Applicable): \_\_\_\_\_

Important Note: All committee members have the right and authority to withhold approval until the revised thesis is completed and reviewed.

Committee Approvals (Please print or type)	Signature	Pass	Fail
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Chair, Thesis Committee	Chair, Thesis Committee	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Committee Member	Committee Member	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Committee Member	Committee Member	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Committee Member (Optional)	Committee Member	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Committee Member (Optional)	Committee Member	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Director of Graduate Program	Director of Graduate Program	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>