

**DOMINICAN SCHOOL OF PHILOSOPHY AND THEOLOGY  
MASTER OF ARTS – THESIS DEFENSE FORM**

Student: \_\_\_\_\_

Thesis Title: \_\_\_\_\_

Date of defense: \_\_\_\_\_

The committee decision is as follows:

Pass with honors

Pass

Pass with major revisions

Pass with minor revisions

Date revisions due: \_\_\_\_\_

Date revisions due: \_\_\_\_\_

No decision

Fail

If "no decision," the following committee members report favorably:

The following committee members report unfavorably:

*Note: "No decision" requires that each committee member submit a letter to the academic dean within twenty-four hours to be attached to this report, giving reasons for his/ her vote. The Dean and Department Chair will then reach a decision based upon the letters submitted.*

*If a re-examination is recommended, the re-examination date must be no more than three months from the date of the first examination.*

\_\_\_\_\_  
Name of Thesis Coordinator

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of First Reader

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Second Reader

\_\_\_\_\_  
Signature

THESIS COORDINATOR: *Please return this form with the Thesis Review Form to the DSPT Registrar.*