

EAST CAROLINA UNIVERSITY
College of Allied Health Sciences, Department of Nutrition Science
REPORT OF THESIS DEFENSE

Student name: _____ Banner ID: _____ e-mail: _____

Title of Thesis: _____ Date: _____

Student Signature _____ Date _____

Thesis Defense Decision:

Approved as is or with the following minor revisions:

Approved pending Thesis Committee review and approval of the following revisions:

Not Approved
Thesis Comments and Recommendations: _____

(Signature) Chairperson of Committee _____ Date _____

(Signature) Committee Member _____ Date _____

(Signature) Committee Member _____ Date _____

(Signature) Committee Member _____ Date _____

(Signature) MS in Nutrition Program Director _____ Date _____
cc: [Advisor, MS in Nutrition Program Director, Graduate School](#)