BALLOT FOR THE APPROVAL OF THE TEXT AND ORAL DEFENSE OF A
THESIS/DISSERTATION

Date: __________________________________________

Locus #: ____________________________________________________________________________________________

Name _______________________________________________________________________________________________

Last                                                                          First                                                                                                  Middle

Program_____________________________________________ Degree Sought___________________________________

This ballot is used to approve both the text and the final public oral defense of the thesis/dissertation (a public oral defense is not required for certain M.S. programs)

Is a public oral defense required?     Yes _____________No______________

All voting members of the committee must sign this ballot. Committee members shall indicate approval of the text and oral defense of the thesis/dissertation by signing this form. A member shall indicate a dissenting vote by signing at the bottom of this form.

Approved____________________________________________________________________________________________

Advisor’s Printed Name                                    Advisor’s Signature                           Date

Vote of Distinction_______________________________________

Signature

Approved____________________________________________________________________________________________

Printed Name                                               Signature                           Date

Vote of Distinction_______________________________________

Signature

Approved____________________________________________________________________________________________

Printed Name                                               Signature                           Date

Vote of Distinction_______________________________________

Signature

Approved____________________________________________________________________________________________

Printed Name                                               Signature                           Date

Vote of Distinction_______________________________________

Signature

Approved____________________________________________________________________________________________

Printed Name                                               Signature                           Date

Vote of Distinction_______________________________________

Signature

Dissenting Vote ______________________________________________________________________________________

Printed Name                                                    Signature                                            Date

RETURN THIS FORM TO THE GRADUATE SCHOOL, BLDG. 120, ROOM 400, LOYOLA UNIVERSITY CHICAGO HEALTH SCIENCES CAMPUS