UNIVERSITY OF MARYLAND EASTERN SHORE

Division of Academic Affairs
School of Graduate Studies

Dean's Representative at an Oral Defense

Procedures to be observed

Please complete this form and submit it to the Dean of Graduate Studies at the conclusion of the oral defense.

Name of Dean's Representative _____

Graduate Faculty Status _____

Name of Department _____

Name of Student _____

Date of Oral Defense _____

Was the defense public? _____	Yes ☐	No ☐
Was the Dean's Representative identified at the beginning of the defense?	Yes ☐	No ☐
Were all the committee members present?	Yes ☐	No ☐
Did the student present a summary of the entire dissertation?	Yes ☐	No ☐
Did the chair invite questions?	Yes ☐	No ☐
Was there a closed session for further questions?	Yes ☐	No ☐
Was the student informed of the outcome of the defense?	Yes ☐	No ☐
Was this information conveyed in the presence of the Dean's Representative?	Yes ☐	No ☐

Did you observe any irregularities warranting the nullification of the defense? If so, please list them.

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