

Keck Graduate Institute
535 Watson Drive
Claremont, CA 91711

**REPORT OF THE THESIS DEFENSE FOR THE DEGREE OF DOCTOR OF PHILOSOPHY
IN APPLIED LIFE SCIENCES**

Student Name: _____
 Last First MI KGI ID Number

Student Address: _____

Faculty Name	Signature	Approved for Degree
_____ Chair	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ Committee Member	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ Committee Member	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ Committee Member	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ Committee Member	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

The final examination and dissertation are **Unanimously** **Non Unanimously** approved, and the candidate is **Recommended** **Not Recommended** for the award of the degree of Doctor of Philosophy in Applied Life Sciences.

PhD Program Director Date

Dissertation Title: _____

Conferral of Degree is recommended as of: _____

Dean, KGI Date

Distribution: KGI Registrar PhD Program Director Student