

**TCF PROJECT FINAL DEFENSE FORM**

To: The TCF graduate coordinator

Date: \_\_\_\_\_

We, the undersigned, have administered a defense of the following project:

NAME: \_\_\_\_\_

CWID: \_\_\_\_\_

PROJECT TITLE: \_\_\_\_\_

The results of this defense are (circle one):

- (a) pass
- (b) conditional pass
- (c) fail

Note: If “fail,” then the student must retake the defense and a new Project Final Defense Form must be submitted. If “conditional pass,” then the student’s advisor will oversee the fulfilment of the conditions. The advisor must initial this form when the conditions have been met:

\_\_\_\_\_ (advisor’s initials).

SIGNED:

\_\_\_\_\_ (advisor)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I dissent from the foregoing report:

\_\_\_\_\_  
\_\_\_\_\_

**Copies to: TCF Office (student’s file)**  
**Student’s Advisor**  
**Student**