

Graduate Faculty Representative Report

Graduate Faculty Representative: _____ Dept: _____

Dissertation/Project Committee Chair: _____ Program _____

Date of Project or Dissertation Defense/Final Examination: _____

Date completed Dissertation/Project received prior to the defense: _____

Total time invested from Proposal Defense to Dissertation/Project Defense:
 1-3 hrs 4-6 hrs 7-10 hrs 10+ hours (please specify: _____)

I participated in the doctoral dissertation/project advisory committee of (specify student name) _____ and affirm that appropriate and sensible rigor and integrity were exercised.

Check mark the box that applies the best:

Length of Dissertation/Project presentation: 0-30 min 30 min- 1 hour 1 hour+

Length of Dissertation/Project Defense: 0-30 min 30 min- 1 hour 1 hour+

Quality of Product:

Unacceptable Acceptable Outstanding

Extent of Rigor:

No Rigor Some Rigor Highly Rigorous

Comments:

Signature

Date

Complete this form. Email to gradcollege@tamucc.edu to be routed for signatures. Form should be submitted subsequent to the student's project or dissertation defense/final examination. Contact CGS with questions 361.825.2174. For CGS Use Only:

_____ Graduate Dean Review	_____ Date	_____ Data entered on spreadsheet	_____ Date
_____ Scanned into Laserfiche	_____ Date	_____ Informed Academic Advisor	Form G 02/2019