

**DELAWARE STATE UNIVERSITY
GRADUATE STUDIES & RESEARCH
REVISIONS FOR THESIS/DISSERTATION**

This form will accompany the Report of Defense Outcomes form, with the exception of alternative (a).

Submission Date: _____ Defense Date: _____

Candidate's Name: _____ D#: _____

Degree and Major (Concentration): _____

Thesis/Dissertation Study Title: _____

Final recommended changes or revisions to capstone document by chairperson to graduate candidate.

Changes/Revisions

Please use additional pages if necessary

Graduate Candidate (Print)

(Signature) (Date)

Committee Chairperson (Print)

(Signature) (Date)

Timeline for Completion: _____