HAMLINE UNIVERSITY

HAMLINE UNIVERSITY
COLLEGE OF LIBERAL ARTS
DEPARTMENTAL HONORS
ORAL DEFENSE CERTIFICATION
2013-14

Please note*:* *In 2013-2014, Oral Defenses must be completed on or before May 2, 2013, and any necessary revisions must be completed on or before May 9, 2013.*

STUDENT'S NAME:_____

STUDENT'S ID: _____

DEPARTMENT(S): _____

PROJECT TITLE: _____

_____

This is to certify that the undersigned members of the Examining Committee have:

1. *Passed* with no revisions	
2. *Passed* with minor revisions, *due to project advisor in one week*	
3. *Passed* with major revisions, *due to project advisor in one week*	
Furthermore, the Project Advisor, in his/her capacity as instructor of the course associated with this project, hereby assigns to that course (DEPT 5010) the final grade (A-F) of _____ (for options 1-3, above, *only*)	
4. *Not passed* as Departmental Honors Project. Converted to 4–credit Independent Study with a final grade (A-F) of _____	
5. *Not passed* as Departmental Honors Project or as Independent Study—Failed (as a 6-credit course)	

the aforementioned student upon appropriate oral examination.

In the case of a Pass with minor or major revisions, the project advisor must notify the Director of Honors in writing that all required revisions have been successfully completed *within one week* of the defense and *three weeks prior* to Commencement. Following submission of this Certification of Oral Defense form and of notification of completed revisions if necessary, the Director of Honors will forward the Certification of Oral Defense form to Registration & Records. This will ensure that the DHP is listed in the Commencement Program. *Please note that DHPs cannot be listed in the Commencement Program or noted on the student's diploma unless this process has been completed in a timely fashion*.

Names and signatures of the Examining Committee:

Date: _____

Project Advisor name: _____

Project Advisor signature: _____

Department Member name: _____

Department Member signature: _____

Department Member (second department, optional) name: _____

Department Member (second department, optional) signature: _____

Extra-departmental Hamline faculty member name: _____

Extra-departmental Hamline faculty member signature: _____

Extra-Hamline expert/outside member name: _____

Extra-Hamline expert/outside member signature: _____

Please have the extra-Hamline expert/outside member provide the information below and fill out both a W-9 form and an Honorarium form so that Hamline can process his/her honorarium in a timely fashion.

_____

(Extra-Hamline expert/outside member; include professional title)

_____

(Extra-Hamline expert/outside member Mailing Address, line 1)

_____

(Extra-Hamline expert/outside member Mailing Address, line 2)

_____

(Extra-Hamline expert/outside member phone number)

_____

(Extra-Hamline expert/outside member email)

Upon completion of the oral defense, please return to the Director of Honors this form, the title page, the abstract, a completed and signed W-9, and a completed and signed honorarium form.