



Form 4

**CONFIDENTIAL**

This form should be transmitted to the Associate Dean, Room 135 St. John Hall, by each reader. **It should not be given to the student.**

**PROFESSOR'S REPORT TO THE DEAN ON READER'S COPY**

Please note that the University requires that the \*Committee of Readers report separately and in writing to the Dean the result of their findings.\* (See Graduate Bulletin).

Reader: \_\_\_\_\_ Department: \_\_\_\_\_

Candidate's Name: \_\_\_\_\_

Title of Dissertation: \_\_\_\_\_

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Check appropriate line:

\_\_\_\_\_ I have read and approved this reader's copy.

\_\_\_\_\_ I have read but do not approve this reader's copy.

Comments: \_\_\_\_\_

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Check appropriate line:

\_\_\_\_\_ I recommend the oral defense be scheduled.

\_\_\_\_\_ I recommend the oral defense be deferred.

Comments: \_\_\_\_\_

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