TEXAS A&M UNIVERSITY CORPUS CHRISTI | COLLEGE OF GRADUATE STUDIES

Thesis Defense & Written Thesis Report

Student's Name: _____ Banner ID:_____

Degree: _____ Program:_____

Date of Defense: _____ Thesis Title:_____

_____

_____

[This form should not be signed until the student has passed the thesis defense/ oral examination and made all of the thesis changes requested by the committee.]

We have read and examined the thesis manuscript for the student listed above and certify it is adequate in scope and quality as a thesis or record of study for this graduate degree. Our approval or dissent of the content and format of the document is indicated below.

Thesis Committee Members: **Type each signer's name below the signature line.**	**Defense** [Check one] Pass	Fail	**Thesis** [Check one] Pass	Fail
_____ Committee Chair Signature Name:	☐	☐	☐	☐
_____ Co-chair Signature Name:	☐	☐	☐	☐
_____ Committee Member Signature Name:	☐	☐	☐	☐
_____ Committee Member Signature Name:	☐	☐	☐	☐
_____ Department Chair/ Program Coordinator Signature Name:			☐	☐
_____ (Liberal Arts only) College Dean or Dean Designee Name:			☐	☐

Complete this form. Email to gradcollege@tamucc.edu to be routed for signatures. Form should be submitted no later than four weeks prior to graduation. The final dissertation must be submitted to CGS no later than four weeks prior to graduation. Contact CGS with questions 361.825.2174.

For Graduate Office Use Only:

_____Dean, CGS (Initials only) _____Date _____ Entered on Spreadsheet _____ Date

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