

## 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.

Signature: \_\_\_\_\_

**Committee Chair** Name:

Signature: \_\_\_\_\_

**Co-Chair** Name:

Signature: \_\_\_\_\_

**Committee Member** Name:

Signature: \_\_\_\_\_

**Committee Member** Name:

Signature: \_\_\_\_\_

**Department Chair** Name:

Signature: \_\_\_\_\_

**Program Coordinator** Name:

Signature: \_\_\_\_\_

**College Dean/Designee** Name:

(College of Liberal Arts only)

**Defense**

[Check one]

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**Thesis**

[Check one]

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**Complete this form. Email to [gradcollege@tamucc.edu](mailto:gradcollege@tamucc.edu) to be routed for signatures. Form should be submitted no later than two weeks prior to graduation. The final thesis must be submitted to CGS no later than two weeks prior to graduation. Contact CGS with questions 361.825.2174.**

**For Graduate Office Use Only:**

Form C- Masters 03/2018

\_\_\_\_\_ Dean, CGS (Initials only)    \_\_\_\_\_ Date    \_\_\_\_\_ Entered on Spreadsheet    \_\_\_\_\_ Date

\_\_\_\_\_ Scanned into Laserfiche (Initials only)    \_\_\_\_\_ Date    \_\_\_\_\_ Informed Academic Advisor    \_\_\_\_\_ Date