

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.

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:

Defense

[Check one]

Pass Fail

Thesis

[Check one]

Pass Fail

This form must be completed and returned to the Academic Advisor and then forwarded to the College of Graduate Studies (FC 178) 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 361.825.2177.

For Graduate Office Use Only:

Dean, CGS (Initials only) _____ Date Entered on Spreadsheet _____ Date

Scanned into Laserfiche (Initials only) _____ Date

Form C- Masters 08/2016