

## Preliminary Agreement to Schedule the Thesis Defense/Final Examination

Select a Program: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Banner ID: \_\_\_\_\_

I have read the student's thesis titled:

With my signature, I confirm that the thesis has been electronically checked for plagiarism and that it is ready to be defended.

Committee Chair Signature	Type Name	Department
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All committee members have been consulted and have agreed to the following schedule:

Scheduled Thesis Defense/Final Examination:

Date	Time	Location If virtual please provide link
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Committee Co-Chair Signature (If applicable)	Type Name	Department
Committee Member Signature	Type Name	Department
Committee Member Signature	Type Name	Department
Committee Member Signature	Type Name	Department
Program Coordinator Signature	Type Name	Department
Department Chair Signature	Type Name	Department

Complete this form. Upload to [CGS website](#) to be routed for signatures. Form should be submitted no later than the date specified on the CGS website (five [5] days prior to defense). Receipt of the form will serve as notice to formally announce the thesis defense/final examination date. Contact CGS with questions 361.825.2174.

**For College of Graduate Studies Use Only:**

CGS Approval _____	Entered in Banner _____
Defense Announcement _____	Entered on Spreadsheet _____
Academic Advisor _____	