

## Thesis Defense & Written Thesis Report

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

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

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.**

<b>Thesis Committee Members:</b>	<b>Defense</b> [Choose Pass or Fail]	<b>Thesis</b> [Choose Pass or Fail]
_____ Committee Chair Signature	_____ Type Name	_____
_____ Committee Co-Chair Signature <small>(If applicable)</small>	_____ Type Name	_____
_____ Committee Member Signature	_____ Type Name	_____
_____ Committee Member Signature	_____ Type Name	_____
_____ Committee Member Signature	_____ Type Name	_____
_____ Program Coordinator Signature	_____ Type Name	_____
_____ Department Chair Signature	_____ Type Name	_____
_____ College Dean/Designee Signature <small>(College of Liberal Arts Only)</small>	_____ Type Name	_____

Complete this form. Upload to [CGS website](#) to be routed for signatures. **Masters:** 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. **MFA:** Form should be submitted no later than Friday prior to graduation. The final thesis must be submitted to CGS no later than one week prior to graduation. Contact CGS with questions 361.825.2174.

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

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