

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/
Program Coordinator** Name:

Signature: _____

College Dean/Designee Name:

(College of Liberal Arts only)

Defense

[Check one]

Pass Fail

Thesis

[Check one]

Pass Fail

Complete this form. Email to 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 04/2018

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

_____ Scanned into Laserfiche (Initials only) _____ Date _____ Informed Academic Advisor _____ Date