



Defense Approval Form-Thesis

STUDENT INFORMATION	
Student Name:	Student ID:
Date of Defense:	Graduation Semester:
Email:	
Major Area of Study:	
Degree Sought: __ M.A. __ M.S. __ M.Ed.	
APPROVAL AND SIGNATURES	
<p>Signing below indicates that you agree with statements #1 and #2 for the above-named student.</p> <p>1) I agree that the above named student has given a successful oral defense of his/her thesis/dissertation.</p> <p>2) I agree that the above named student’s thesis/dissertation meets with the committee’s approval.</p>	
Committee Chairperson:	Date:
Committee Member:	Date:
Committee Member:	Date:
Committee Member:	Date:
External Committee Member:	Date:
Department Chair:	Date: