

## OFFICE of RESEARCH & GRADUATE STUDIES

## **THESIS APPROVAL (DEFENSE)**

Name

ID

Thesis Defense Date

Program

Thesis Title

In partial fulfillment of the requirements for the degree of

in the

we hereby certify the successful defense of thesis.

## **Committee Approvals**

Committee Chair

Member

Member

**Administrative Approvals** 

Program Director

Graduate Studies Director

Distribution: Program Director, Committee Chair & Members, Student, Office of Graduate Studies