

Request for Approval of Defense Committee

Student Name: _____

Defense Date: _____ **Time:** _____

Thesis Title:

Please collect signatures from all committee members or attach email from member confirming their attendance:

Member 1 (thesis advisor)

Name: _____

Member 2

Name: _____ Signature: _____

Member 3

Name: _____ Signature: _____

Member 4

Name: _____ Signature: _____

Member 5

Name: _____ Signature: _____

Advisor Signature: _____

DGS Signature: _____ **Date:** _____