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Master's Thesis Defense Form

Topic: _____

By: _____

*Semester of thesis defense presentation: _____ Date: _____

Approved: []

Denied: []

Major Professor Signature: _____
Please Print Name Signature and Date

Committee Members _____
Please Print Name Signature and Date

Please Print Name Signature and Date

*Once this form is completed please return the fully completed form to the Biological Sciences Office. In order for you to receive credit for the 1 credit seminar in the semester you defended. The completed form must be placed in your file in room 136.