

THESIS/DISSERTATION REVIEW/EXAMINATION APPROVAL

COMMITTEE CHAIRPERSON:

I certify that _____ has submitted a thesis/dissertation draft to me which I feel is acceptable and is ready for review by the other members of the Committee.

Signature _____ Date _____
Chairperson's name

COMMITTEE CHAIRPERSON and MEMBERS:

We certify that the thesis/dissertation is defensible and that a defense date can be set.

Signature _____ Date _____
Chairperson's name

Member's name (list remaining members below)

DEFENSE SCHEDULE:

Date	Time
Thesis Title	
Signature _____ Date _____ Chairperson's name	
_____ Member's name (list remaining members below)	

Student's name	

Please return this form to the Office Supervisor when all signatures are complete (**at least one week prior to the scheduled defense date** to allow sufficient time for posting). Thank you.