

MASTER'S THESIS DEFENSE APPROVAL FORM

Student: _____

Title: _____

I request examination for Ph.D. pre-candidacy Yes _____ No _____

I have agreed to meet with the committee for the oral defense of my thesis on: _____

Student: _____ Date: _____

Submit to Thesis Chair prior to start of defense meeting.

I. Committee Action on Thesis:

Approve with Modifications: _____ Not Approved/Rescheduled: _____ Deny: _____

Required Modifications:

II. Recommendation for Student's admission to pre-candidacy. (Only for Master's student who request to continue Ph.D.)

Rate likelihood of successfully completing high-quality Ph.D. work:

1	2	3	4	5
Very Unlikely to Be Successful	Probably Will Not Be Successful	Some Chance	Probably Will Be Successful	Very Likely to Be Successful

Comments: _____

Thesis Advisor: _____ Date: _____

Member: _____ Date: _____

Member: _____ Date: _____

Member: _____ Date: _____

Member: _____ Date: _____

Submit to Graduate Program Secretary for final signatures

Area Leader: _____ Date: _____

Graduate Program Director: _____ Date: _____