

## 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:

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### II. Recommendation for Student's admission to pre-candidacy. (Only for Master's students who request to continue to the 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 to Be Successful	Probably Will Be Successful	Very Likely to Be Successful

Comments: \_\_\_\_\_

Thesis Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Member: \_\_\_\_\_ Date: \_\_\_\_\_

Member: \_\_\_\_\_ Date: \_\_\_\_\_

Member: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit to Department Services Administrator for final signatures**

Area Leader: \_\_\_\_\_ Date: \_\_\_\_\_

Graduate Program Director: \_\_\_\_\_ Date: \_\_\_\_\_