Preliminary Agreement to Schedule the Thesis Defense/Final Examination

Select a Program: Select a Program

Student's Name: _____ A#: _____

I have read the student's thesis titled:

With my signature, I confirm that the thesis has been electronically checked for plagiarism and that it is ready to be defended.

Committee Chair Signature	Type Name	Department

All committee members have been consulted and have agreed to the following schedule:

Scheduled Thesis Defense/Final Examination:

Date	Time	Location If virtual please provide link

Committee Co-Chair Signature (If applicable)	Type Name	Department
Committee Member Signature	Type Name	Department
Committee Member Signature	Type Name	Department
Committee Member Signature	Type Name	Department
Program Coordinator Signature	Type Name	Department
Department Chair Signature	Type Name	Department

Complete this form. Upload to Grad Forms Submission to be routed for signatures. Form should be submitted no later than five [5] days prior to defense. Receipt of the form will serve as notice to formally announce the thesis defense/final examination date. For questions please contact gradcollege@tamucc.edu or call Katy Garcia/Associate Provost's Office at 361.825.3365

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