TEXAS A&M UNIVERSITY CORPUS CHRISTI | ACADEMIC AFFAIRS

Thesis Defense & Written Thesis Report

Select a Program: Select a Program

Student's Name: _____ A#: _____

Date of Defense: _____

Thesis Title: _____

[This form should not be signed until the student has passed the thesis defense/oral examination and made all of the thesis changes requested by the committee.]

We have read and examined the thesis manuscript for the student listed above and certify it is adequate in scope and quality as a thesis or record of study for this graduate degree.

Our approval or dissent of the content and format of the document is indicated below.

Thesis Committee Members:		**Defense** [Choose Pass or Fail]	**Thesis** [Choose Pass or Fail]
Committee Chair Signature	Type Name		
Committee Co-Chair Signature (If applicable)	Type Name		
Committee Member Signature	Type Name		
Committee Member Signature	Type Name		
Committee Member Signature	Type Name		
Program Coordinator Signature	Type Name		
Department Chair Signature	Type Name		

Complete this form. Upload to Grad Forms Submission to be routed for signatures. **Masters**: Form should be submitted no later than two weeks prior to graduation. The final thesis must be submitted no later than two weeks prior to graduation. **MFA**: Form should be submitted no later than Friday prior to graduation. The final thesis must be submitted no later than one week prior to graduation. For questions please contact gradcollege@tamucc.edu or call Katy Garcia/Associate Provost's Office at 361.825.3365

For Graduate Education Use Only:

Graduate Education Approval _____ Entered in Banner _____

Academic Advisor _____ Entered on Spreadsheet _____