



MASTER'S THESIS DEFENSE

The Graduate School requires that the thesis defense occur at least two weeks prior to the thesis submission deadline. This form should be completed at the conclusion of the defense. The student is responsible for completing questions 1 – 4 as well as obtaining signatures. The thesis advisor must complete question 5.

1. \_\_\_\_\_ Degree Program (do not use acronyms) \_\_\_\_\_ Current Term  
CWID

2. \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name

3. \_\_\_\_\_  
Thesis Title

4. \_\_\_\_\_ Thesis Defense Date \_\_\_\_\_ Anticipated Graduation Term and Year

5. Thesis Defense Outcome Pass   
No Pass

\_\_\_\_\_  
Thesis Advisor Signature PRINTED NAME Date

\_\_\_\_\_  
Committee Member/Reader Signature PRINTED NAME Date

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Committee Member/Reader Signature PRINTED NAME Date

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Committee Member/Reader Signature PRINTED NAME Date

\_\_\_\_\_  
Committee Member/Reader Signature PRINTED NAME Date

\_\_\_\_\_  
Committee Member/Reader Signature PRINTED NAME Date

Form should be submitted to Robyn Olejniczak ([olejniczakr1@cofc.edu](mailto:olejniczakr1@cofc.edu)) or Program Coordinator after defense.

**GSO STAFF ONLY**  
Received by: \_\_\_\_\_ Date: \_\_\_\_\_