



TEXAS A&M UNIVERSITY-SAN ANTONIO

The College of Graduate Studies

Thesis Defense Approval Form

STUDENT INFORMATION	
Student Name:	Student ID:
Date of Defense:	Graduation Semester:
Email:	
Major Area of Study:	
Degree Sought: <input type="checkbox"/> M.A. <input type="checkbox"/> M.S. <input type="checkbox"/> M.Ed.	
APPROVAL AND SIGNATURES	
<p>Signing below indicates that you agree with statements #1 and #2 for the above-named student.</p> <p>1) I agree that the above named student has given a successful oral defense of his/her thesis/ dissertation.</p> <p>2) I agree that the above named student's thesis/dissertation meets with the committee's approval.</p>	
Committee Chairperson:	Date:
Committee Member:	Date:
Committee Member:	Date:
Committee Member:	Date:
External Committee Member:	Date:
Department Chair:	Date:

For the College of Graduate Studies Only

Based on the recommendation above, the Thesis Defense is:

Approved

Disapproved

Dean or Dean's Fellow of The College of the Graduate Studies

Date