TEXAS A&M UNIVERSITY-SAN ANTONIO
The College of Graduate Studies

Thesis Defense Notificaton Form

This form must be completed and submitted to the College of Graduate Studies at least 2 weeks before your defense

STUDENT INFORMATION	
Name:	Student ID:
Email:	Phone Number:
DEGREE INFORMATION	
Thesis Title:	
Degree sought: __M.A. __M.S. __M.Ed.	Major:
Date of Defense: Time:	Location of Defense:
COMMITTEE INFORMATION (Names listed – No signatures needed)	
Committee Chair	
Committee Co-Chair (if applicable)	
Committee Member	
Committee Member	
Committee Member	
SIGNATURES	
Student Signature:	Date:
Committee Chairperson Signature:	Date: