



DEPARTMENT OF BIOLOGY AND MARINE BIOLOGY  
APPROVAL FOR SCHEDULING THESIS DEFENSE

I certify that I have requested that I be allowed to defend my thesis according to the following schedule:

Date \_\_\_\_\_ Time \_\_\_\_\_

Signature of student \_\_\_\_\_

I certify that I have agreed to participate in a defense of thesis for the student named above on the date and time indicated, and that I have received a copy of the thesis (at least ten days in advance of the above date). I further certify that the draft received is sufficiently complete and that the above student be allowed to defend it as scheduled above.

Committee Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Asst. Committee Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Committee Member: \_\_\_\_\_ Date: \_\_\_\_\_

Committee Member: \_\_\_\_\_ Date: \_\_\_\_\_

Committee Member: \_\_\_\_\_ Date: \_\_\_\_\_

Committee Member: \_\_\_\_\_ Date: \_\_\_\_\_

Departmental Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Received:

Date: \_\_\_\_\_ Graduate Coordinator: \_\_\_\_\_