

***FOR 7W STUDENTS ONLY**
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THESIS DEFENSE FORM

This form is to be completed upon successful defense of your thesis and submitted to Janice Chang in the Biology Educational Office (68-120).

Name of student (print or type): _____

Date of defense: _____

This is to verify that _____ has successfully defended his/her thesis.

Members of the thesis committee were:

Name

Affiliation

(chairperson)

(advisor)

Signed by _____, Chairperson

Date _____