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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:

<u>Name</u>	<u>Affiliation</u>
_____	_____
(chairperson)	
_____	_____
(advisor)	
_____	_____
_____	_____
_____	_____

Signed by _____, Chairperson

Date _____