## **Request for MS Thesis Defense Examination Form**

Name	Student ID	
E-mail	FAMU FSU	
Requested defense date	(Note: This form is due 3 weeks prior to defe	nse date.)
Journal Title/Date published:		
Manuscript title		_
I certify that I have completed all requirements: c	ompleted research work, written a complete thesis,	and
satisfied the journal manuscript requirement.		
Student Name (print)	Signature	
Advisor/Committee Member 1 (print)	Signature	
Committee Member 2 (print)	Signature	
Committee Member 3 (print)	Signature	
Optional Committee Member 4 (print)	Signature	
*Your Dept Grad Rep will acquire Dept	Chair and Grad Coordinator Signatures	
Graduate Coordinator (print)	<b>★</b> Signature	
Department Chair (print)	*Signature	