



Western Connecticut State University
 Department of Biological & Environmental Sciences
 MS Integrated Biological Diversity

Thesis Defense Approval and Outcome Form

Submit this form (PDF) as an attachment to the Director of the IBD Graduate Program

Student Information:

Last Name: _____ First Name: _____
 Banner ID: _____ WCSU Email: _____
 Enrolled in Program: _____ Year: _____

PART I. Approval to Schedule the Defense

By signing below, committee members acknowledge that they have had the opportunity to review a final draft of the thesis, approve its content, and agree that the student can proceed with scheduling the defense.

Tentative Defense Date:

*****Required Members*****

Chair, Name: _____ **Signature:** _____ **Date:**

IBD Faculty, Name: _____ **Signature:** _____ **Date:**

*****Optional Members*****

Name: _____ **Institution:** _____
Signature: _____ **Date:**

Name: _____ **Institution:** _____
Signature: _____ **Date:**

MS IBD Graduate Program Defense Approval

IBD Director, Name: _____ **Signature:** _____ **Date:**

NOTE: A copy of the thesis must be made available to members of the IBD Graduate Program prior to the defense.

