



Western Connecticut State University

Department of Biology

MS Integrative 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.

PART II. Thesis Defense Outcome

Defense Outcome:	Pass
	Pass with minor edits
	Pass with major edits
	Fail with the opportunity to re-defend
	Fail and be removed from the program

*****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 Outcome

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