

# WCU GRADUATE SCHOOL

## Thesis Final Defense Form

**Program:**

Student's Name:

Student's 92#:

Title:

Thesis required an IRB: Yes      No

Projected Graduation Term:

Thesis Committee Members (either wet signatures or electronic signatures)

Chair:

Signature:

Date:

\_\_\_\_\_

**\*As the chair, I have verified that all committee members have Graduate Faculty Status**

Member 1:

Signature:

Date:

\_\_\_\_\_

Member 2:

Signature:

Date:

\_\_\_\_\_

Member 3:

Signature:

Date:

\_\_\_\_\_

Member 4:

Signature:

Date:

\_\_\_\_\_

Associate Dean of the Graduate

Signature:

Date:

School: Joy Bowers-Campbell, Ph.D.

I, \_\_\_\_\_, agree to the above information and hereby grant Western Carolina

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Student's Signature:

Date of Successful Defense: