

THESIS DEFENSE/COMPREHENSIVE EXAM (PLAN I)
Texas A&M University-Kingsville
College of Graduate Studies

This is to certify that _____
(First) (M.I.) (Last)

SS# _____ has successfully completed (please check):

1) _____ a written or oral examination on course work graded by a committee of graduate faculty on _____ and 2) _____ an oral presentation before a committee (Date) of graduate faculty in defense of the thesis on _____.
(Date)

Thesis Committee Chairman Date

Committee Member from Major Area Date

Graduate Coordinator from Major Area Date

Member from Supporting Field Date
(when applicable)

Instructions:

1. All signatures are required. Exceptions must be cleared in writing with the Graduate Dean.
2. Return this form to the Graduate Office at least three weeks before graduation.

