

MA/MS Interdisciplinary Studies Oral Defense Form



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Graduate School
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*Instructions: Complete and submit this form to the Graduate School no later than **two weeks** before the defense date.*

Last Name First Name Mi Student's Identification Number

Thesis/Project Title

Meeting Schedule

Date: _____

Time: _____

Location: _____

SIGNATURES OF VERIFICATION

Signatures indicate acknowledgement of thesis/project oral defense date.

_____ Committee Chair/Discipline (please print)	_____ Signature	_____ Date
_____ Committee Member/Discipline (please print)	_____ Signature	_____ Date
_____ Committee Member/Discipline (please print)	_____ Signature	_____ Date