

Department of Zoology
Southern Illinois University Carbondale

Approval of Thesis/Dissertation Draft for Defense

Student Name: _____

Anticipated date of defense: _____

Student Statement

I hereby request approval from members of my advisory committee to defend my thesis or dissertation in the semester noted above.

Student Signature: _____ Date: _____

Committee Approval

Signatures below indicate each committee member's approval of the student's request to defend in the semester indicated. Refusal to sign indicates disapproval and will result in mediation by the Director of Graduate Studies.

Printed Names

Signatures

(Advisor)

