



HEALTH SCIENCE CENTER STUDENTS (ONLY)
TEXAS A&M UNIVERSITY
Thesis Office

WRITTEN THESIS OR DISSERTATION APPROVAL FORM

Student's Name: _____
(Name must match TAMU student records)

Degree (*check one*): Ph.D. (Dissertation) Dr.PH. (Dissertation) Master's (Thesis) _____ (specify)

Date of Defense: (*mm/dd/yy or Exempt*): _____ Today's Date (*mm/dd/yy*): _____

Anticipated Date of Graduation (Month Year): _____

Major Subject: _____

Thesis or Dissertation Title: _____

We the undersigned duly appointed committee have read and examined this manuscript. We certify it is adequate in scope and quality as a dissertation or thesis for this doctoral/master's degree and indicate our approval of the content of the document to be submitted to the Thesis Office for processing and acceptance, OR we indicate our dissent below. A vote by all members of the committee with at most one dissension is required to pass.

	Approve	Disapprove
_____	<input type="checkbox"/>	<input type="checkbox"/>
Chair:		
_____	<input type="checkbox"/>	<input type="checkbox"/>
Member:		
_____	<input type="checkbox"/>	<input type="checkbox"/>
Member:		
_____	<input type="checkbox"/>	<input type="checkbox"/>
Member:		
_____	<input type="checkbox"/>	<input type="checkbox"/>
Member:		
_____	<input type="checkbox"/>	<input type="checkbox"/>
Member:		

_____ Department Head/Program Director:

_____ Associate Dean:

Student Contact Information:

_____ UIN

_____ Student's Email Address

The student must submit this signed Written Thesis/Dissertation Approval Form and the thesis/dissertation to the HSC office for review. Students must clear the Thesis Office within a year of their final defense. To graduate in a given semester, a student must meet the scheduled deadline for submittal of the signed approval form and the thesis in final form. The Office of Graduate and Professional Studies posts a calendar for each semester, and these dates must be observed.

PLEASE TAKE THIS ORIGINAL SIGNED APPROVAL FORM TO THE APPROPRIATE HSC OFFICE.