

# THESIS DEFENSE APPLICATION FORM FOR BIOLOGY GRADUATE STUDENTS



Fall       Spring       Summer      YEAR: \_\_\_\_\_

This completed form is due to the main Biology by the **6<sup>th</sup> week of the semester you intend to defend.**

Students Name: \_\_\_\_\_ WKU ID: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/ State/ Zip: \_\_\_\_\_

WKU Email address: \_\_\_\_\_

Have you filed a Form D (Admission to Candidacy form)?       Yes       No

Have you filed a Form E (Report on Comp Exam) ?       Yes       No

Semester of Degree Completion: (Please check)       Fall       Spring       Summer

Year: \_\_\_\_\_ Current GPA: \_\_\_\_\_

Date of Oral Exam: \_\_\_\_\_ Did you successfully pass your Orals?       Yes       No

Please list your committee members: \_\_\_\_\_

Title of Thesis: \_\_\_\_\_

Date of Thesis Defense: \_\_\_\_\_ Time: \_\_\_\_\_ Room to be assigned by biology office.

Please sign below that you understand the deadlines for when your thesis is due to your committee, the Department and the College Reader. This completed form is due to the main office by the **6<sup>th</sup> week of the semester you intend to defend.** Failure to do so could result in a denial.

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Committee Member 1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Committee Member 2 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Graduate Program Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

Office use: room \_\_\_\_\_ email \_\_\_\_\_

Added to Biology Calendar