



Certificate of Defense Approval for Master's Thesis

Please note:

- 1 signed original of this form is required for all students.
- Forms can be printed on regular copy paper.
- Please turn (1) this form in to the Graduate School after you have completed and uploaded a final PDF in the Scholarly Repository along with (2) one Signature page from the thesis and (3) one ETD Availability Agreement Form. Only original signatures are accepted on these three forms.

To be completed by the student. Please type or print.

Author's Name _____

Provide one:

Author's C-Number _____ UM EMPL ID _____

Title of Thesis (Type or print. The title needs to be legible. This information is used for your official transcript.)

To be completed by committee members. Please sign below and print the committee member's name after the signature.

Signature

Print Signee's Name

Chair _____

Note: Medical School graduate students should insert Mentor's name here

Member _____

Member _____

Member _____

Member _____

Students: Please make sure each committee members' name is printed to the right of each signature above.

To be completed by the Associate Director of Programs:

This project has been examined and found to be complete and suitable for upload in the Scholarly Repository.

Associate Director of Programs _____ Date _____