



STEPHEN F. AUSTIN STATE UNIVERSITY  
**GRADUATE SCHOOL**

**Application for Thesis Examination**

Name \_\_\_\_\_ Date \_\_\_\_\_  
SID \_\_\_\_\_

Graduate Major \_\_\_\_\_ Degree Program \_\_\_\_\_

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

This will certify that the above-named student has been approved to be examined over the above titled thesis.

Date requested for the exam: \_\_\_\_\_  
Time: \_\_\_\_\_ Bldg. and Room: \_\_\_\_\_

Typed Name: \_\_\_\_\_ Signature \_\_\_\_\_

Major Professor \_\_\_\_\_ Date \_\_\_\_\_

Committee Member \_\_\_\_\_ Date \_\_\_\_\_

Committee Member \_\_\_\_\_ Date \_\_\_\_\_

Committee Member \_\_\_\_\_ Date \_\_\_\_\_

Graduate School Rep. \_\_\_\_\_ Date \_\_\_\_\_

Academic Unit Head \_\_\_\_\_ Date \_\_\_\_\_

Dean \_\_\_\_\_ Date \_\_\_\_\_

Dr. Pauline Sampson \_\_\_\_\_  
Dean of Research and Graduate Studies \_\_\_\_\_ Date \_\_\_\_\_