



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 _____