



STEPHEN F. AUSTIN  
STATE UNIVERSITY  
Office of Research and  
Graduate Studies

**THESIS DEFENSE MEETING REQUEST FORM**

**\*\*Proposal must be attached\*\***

**Student Name:** \_\_\_\_\_

**Campus ID (CID):** \_\_\_\_\_

**Major/Concentration:** \_\_\_\_\_

**Degree:** \_\_\_\_\_

**Title of Thesis:**

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

**Exam Date Requested:** \_\_\_\_\_

**Time:** \_\_\_\_\_ **Location/Zoom Link:** \_\_\_\_\_

TYPED NAME	SIGNATURE	DATE
_____ Name, Chair	_____	_____
_____ Name, Co-Chair <i>(if applicable)</i>	_____	_____
_____ Committee Member	_____	_____
_____ Committee Member	_____	_____
_____ Committee Member	_____	_____
_____ Graduate School Representative	_____	_____
_____ Program Coordinator	_____	_____
_____ Academic Unit Head	_____	_____
_____ Dr. Judy A. Abbott Dean	_____	_____
_____ Dr. Sheryll Jerez, Interim Dean of Research and Graduate Studies	_____	_____

**\*\*All committee members must hold approved Graduate Faculty Status\*\***

Email to PCOE Graduate Studies Coordinator at [coegrad@sfasu.edu](mailto:coegrad@sfasu.edu)