Department of English ♦ Graduate Studies

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**THESIS DEFENSE REQUEST FORM**

Each committee member hereby certifies that she/he has carefully reviewed the final draft of the thesis and considers it to be suitable for defense.

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| **Name**  *(print or type clearly)* | **UID#** |
| **MA Candidate** |       | **U**      |

I. Portfolio Paper Titles

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| Thesis Title |       |

II. Defense Information

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| **Time, Date, and Place of Oral Defense** |       |

III. Committee

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|  | **Name** (print or type clearly) | **Signature of Approval** | **Date Signed** |
| Committee Chair |       |  |  |
| Member |       |  |  |
| Member |       |  |  |

**IV. Approval**

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|  | **Name** (print or type clearly) | **Signature of Approval** | **Date Signed** |
| **Graduate Director** |       |  |  |