

Department of English ♦ Graduate Studies

813.974.2421 | 813.974.2270 (fax)

**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.

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

I. Portfolio Paper Titles

|  |  |
| --- | --- |
| Thesis Title |  |

II. Defense Information

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

III. Committee

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

**IV. Approval**

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