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|  | Master of ScienceDeclaration of Intent to Defend |

***This form must be filed at least one month prior to the defense date. The Graduate School of Biomedical Sciences will publicize by posting the defense on The Daily News one week prior, one day prior and the day of the defense.***

**Name:**

**EMPL ID:**

**Discipline (Major):**

**Semester/Year of Graduation:**

**Final Title of Thesis:**

 **Defense Date:**       **Seminar Time:**

**Public Seminar Room:**       **Private Defense Room:**

 ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Student Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Approvals (Every member of the committee must sign this form. There are more signature lines than members required because some students have more than the required number of committee members):***

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|      , Co-Major Professor  |  |      , Graduate Advisor  |
|  |  |  |
|      , Co-Major Professor |  |      , University Member |
|  |  |  |
|      , Committee Member |  |      , Department Chair (Major Professor’s Department) |
|  |  |  |
|      , Committee Member (optional) |  |  |