**WCU GRADUATE SCHOOL
Thesis Final Defense Form for Master’s Degree**

**Program:**

Student’s Name: Student’s 92#:

Title:
Thesis required an IRB: Choose an item. Projected Graduation Term:

Thesis Committee Members (either wet signatures or electronic signatures)

|  |  |  |
| --- | --- | --- |
| Chair:  | Signature:  | Date:  |
| \*As the chair, I have verified that all committee members have Graduate Faculty Status |
| Member 1:  | Signature:  | Date:  |
| Member 2:  | Signature:  | Date:  |
| Member 3:  | Signature:  | Date:  |
| Member 4:  | Signature: | Date:  |
| Dean of the Graduate School & Research: Brian Kloeppel, Ph.D. | Signature:  | Date:  |

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Student’s Signature: