



# Thesis Defense Form

COLLEGE OF  
**EDUCATION**

Graduate Studies  
TCU BOX 297900  
Fort Worth, TX 76129  
(817) 257-7661

\_\_\_\_\_ ID# \_\_\_\_\_  
Last First Middle

The above listed student has satisfactorily completed the oral examination for the:

**MED Degree with a Major in :** \_\_\_\_\_

Date of Defense: \_\_\_\_\_  
Month Day Year

**Thesis Title:** \_\_\_\_\_

		Thesis Grades							
_____	Date	_____				_____			
Committee Chair/Major Advisor		Course #	Term	Hours	Grade	Course #	Term	Hours	Grade
_____	Date	_____				_____			
Committee Member		Course #	Term	Hours	Grade	Course #	Term	Hours	Grade
_____	Date	_____				_____			
Committee Member		Course #	Term	Hours	Grade	Course #	Term	Hours	Grade
_____	Date	_____				_____			
Associate Dean of Graduate Studies		Course #	Term	Hours	Grade	Course #	Term	Hours	Grade
_____	Date	_____				_____			
		Course #	Term	Hours	Grade	Course #	Term	Hours	Grade

**TO THE REGISTRAR: The above listed student has successfully defended his/her Thesis for the MED program. All signatures must be obtained before this form becomes valid.**

Notes: