



Thesis Defense Form

COLLEGE OF
EDUCATION

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

Mr./Mrs. _____ 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: