

## Permission to Schedule Defense

Name of MS candidate \_\_\_\_\_

Semester of this evaluation \_\_\_\_\_

Number of semesters since starting the graduate program \_\_\_\_\_

Are the data sufficient to merit a defense? Yes \_\_\_\_ No \_\_\_\_

Are the data organized and presented in a clear manner? Yes \_\_\_\_ No \_\_\_\_

Are the data too broad and need to be limited? Yes \_\_\_\_ No \_\_\_\_

Will the thesis be submitted in the proper format to the committee two weeks prior to the defense? Yes \_\_\_\_ No \_\_\_\_

Is the thesis in the proper format for the Graduate School? Yes \_\_\_\_ No \_\_\_\_

Comments:

MS Candidate \_\_\_\_\_

Date \_\_\_\_\_

Thesis Advisor \_\_\_\_\_

Date \_\_\_\_\_

Committee member \_\_\_\_\_

Date \_\_\_\_\_

Committee member \_\_\_\_\_

Date \_\_\_\_\_

Graduate Program Director \_\_\_\_\_

Date \_\_\_\_\_