Jackson State University

Department of Biology

Departmental Approval of Thesis Oral Defense Form 6

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_J#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Admission Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_Credit Hrs: \_\_\_ GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MS degree in: \_\_\_\_\_ Biology \_\_\_\_\_\_\_\_ Environmental Science

The student and advisor have the responsibility to make sure that the following requirements are met before their oral defense can be approved and date and time scheduling for their oral defense:

1. Complete all department requirements for graduation (submissions and approvals on file; Forms 1-9)
2. Complete all Graduate School requirements; approved on file or on the system transcript (GECE, Degree Plan; Form I, Form A, Degree candidacy; Form II, GACE, Form B, Defense/thesis committee report of results).
3. Before the defense, the thesis should be submitted (a minimum of two weeks) to the student committee and the student get feedback or corrections and have the corrected draft before the oral defense.
4. Oral defense should be related to the thesis and research critique and not a ppt presentation only pending the write-up of the thesis.
5. After the defense, the final thesis draft should be submitted to the department for approval of format before the final copies of the thesis are allowed for printing on cotton paper, which will include filling **Form B** and paying the required binding fees.
6. Forms III and IV and graduation pin #s will not be issued unless all requirements are met.
7. This step needs the completion of departmental forms 7, 8, and 9.

Signatures on this form are necessary for graduation approval

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

Advisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Chair Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_