

Thesis Seminar Form

Please complete and submit this form at least **two weeks before your seminar to Hailey Rieman (riemanh@wwu.edu) in BI315.*

Graduate Student Name:	
Seminar Title:	
Date, Time and Location of Seminar:	

Has the thesis committee chair given provisional approval of the complete thesis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has a defense date been scheduled with the Graduate School?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What quarter will you officially receive your MS degree?		

Graduate Student Signature: _____ Date: _____

Thesis Committee Chair Signature: _____ Date: _____

Graduate Program Advisor Signature: _____ Date: _____

Comments:

BIOLOGY DEPARTMENT OFFICE STAFF USE ONLY:

Check box after Webmaster has sent thesis seminar flyer email, updated graduate seminar schedule, and original has been placed in Mary Ann Merrill's inbox.