**WCU GRADUATE SCHOOL  
Thesis Final Defense Form for Master’s Degree**

**Program:**

Student’s Name: Student’s 92#:

Title:   
Thesis required an IRB: Choose an item. Projected Graduation Term:

Thesis Committee Members (either wet signatures or electronic signatures)

|  |  |  |
| --- | --- | --- |
| Chair: | Signature: | Date: |
| \*As the chair, I have verified that all committee members have Graduate Faculty Status | | |
| Member 1: | Signature: | Date: |
| Member 2: | Signature: | Date: |
| Member 3: | Signature: | Date: |
| Member 4: | Signature: | Date: |
| Dean of the Graduate School & Research: Brian Kloeppel, Ph.D. | Signature: | Date: |

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Student’s Signature: