Geography Department, USC

Thesis Defense Form

TO: Director of Graduate Studies

FROM: _____

RE: _____ _____

Student Name Student Number

DATE: _____

The above named student successfully defended a thesis. The defense occurred on _____.

Date

The title of the thesis is _____

_____

_____

The examining committee consisted of the following faculty whose signatures appear below.

Signature Print

1) _____ _____

2) _____ _____

3) _____ _____ Chair

Forwarding Address (NOT OPTIONAL)

_____

_____

_____

email _____phone _____