

## Master's Defense Form

This is to certify that \_\_\_\_\_  
Student's Name \_\_\_\_\_ Spire ID # \_\_\_\_\_

has passed the Master's Thesis Defense in compliance with the Graduate School Requirements for the

Master's Degree in \_\_\_\_\_  
Program

on \_\_\_\_\_  
Date

Chair \_\_\_\_\_ Signature \_\_\_\_\_

Member \_\_\_\_\_ Signature \_\_\_\_\_

Member \_\_\_\_\_ Signature \_\_\_\_\_

Member \_\_\_\_\_ Signature \_\_\_\_\_

\*If you have (an) outside committee member(s), please indicate their department/institution.

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