



DEPARTMENT OF EARTH AND OCEAN SCIENCES

MEMORANDUM

TO: Graduate School

FROM: Dr. David Barbeau, Graduate Studies Director
Department of Earth and Ocean Sciences

This is to certify that _____,
(PRINTED NAME)

_____, successfully passed his/her M.S. Thesis Defense Exam
(SSN#)

_____, 20____. The Thesis is entitled: _____
(DATE)

(PLEASE PRINT)

Members of the Examining Committee:

(PLEASE PRINT NAMES BELOW)

(PLEASE USE SIGNATURE BELOW)

Chairperson

Signature

2nd Reader (Committee Member)

Signature

3rd Reader (Committee Member)

Signature

4th Reader (Committee Member if necessary/desired)

Signature

NOTE: After committee members sign above, return this form to the Student Services Office, Room 108, PSC.

M.S. THESIS DEFENSE