



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™

Graduate School of Biomedical Sciences

Thesis Oral Defense Signature Form

M.S. Candidate

M.S. Advisory Committee Chair

M.S. Advisory Committee

Date of Final Comprehensive Examination for the M.S. Degree

Committee Signatures

Approval

Disapproval

Chair of Committee

Chair of Committee

Graduate Dean's Representative: _____

(Certifying attendance and ensuring that examinations are conducted in a manner consistent with the expectations and standards of GSBS.)

Forward this form to the GSBS Office, UC115, Mail STOP 6206