



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