

UNIVERSITY OF SOUTH FLORIDA

SUCCESSFUL DEFENSE OF THE MASTERS THESIS

The undersigned verify that the final oral defense of the thesis has been successfully completed by the following candidate and that the thesis is ready to submit to the Graduate School pending revisions.

	Name <i>(print or type clearly)</i>	USF ID#	Degree
Candidate			

Graduate Program	
Graduate Department	
Thesis Title	

Examining Committee

	Name <i>(print or type clearly)</i>	Signature of Approval
<input checked="" type="checkbox"/> Major Professor <input type="checkbox"/> Co-Major Professor		
<input type="checkbox"/> Co-Major Professor <input type="checkbox"/> Member		
Member		
Member		
Member		
Member		
Member		
Defense held on (date)		
Successful Defense Form signed (date)		