



Thesis Defense Form

This form is available at <https://gsbs.tufts.edu/studentLife/currentStudents/forms>

This is to certify that the undersigned,

appointed to determine the acceptability of the thesis for _____ (CANDIDATE'S NAME)

for the degree of: Doctor of Philosophy Master of Science

in _____ on _____ (PROGRAM) (DATE)

have examined the candidate's thesis titled:

and found it satisfactory.

Thesis Examination Committee Member Signatures (required for PhD degrees):

Committee Chair: _____

Outside Examiner: _____

Examiner: _____

Examiner: _____

Examiner: _____

Faculty Adviser: _____

This PhD Thesis committee has determined that the amount of full-time effort needed to complete the specific thesis revisions required of this candidate is: 2 weeks 4 weeks other (please specify) _____

Faculty Adviser and Reader Signatures (required for PDD-MS degrees):

Faculty Adviser: _____

Faculty Reader: _____

CTS Advisory Committee Chair Signature (required for the CTS Master's degrees):

Committee Chair: _____