



BOWLING GREEN STATE UNIVERSITY
Graduate College

THESIS DEFENSE AND MANUSCRIPT APPROVAL FORM

First name: First Name Last name: Last Name BGSU ID: 0123456789

Field of Study: Sample Field of Study Planned Graduation Date: May 2020

Title: Sample Title Here

Student signature: Student signature

My signature indicates that this thesis is entirely my own work, with the exception of those portions which are properly documented/cited.

Results of the Thesis Defense and Manuscript Approval:

Note: the chair will indicate the results and the date of the defense

Overall committee decision for both the defense and the manuscript should be marked below.

Passed

Failed

Date of Defense: 01/01/2020

Committee Chair: Committee chair signature *Full name, BG ID, and date signed autopopulate here*

Committee Member: Committee chair signature *Full name, BG ID, and date signed autopopulate here*

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Graduate Coordinator: Graduate Coordinator signature

The signature of the graduate program coordinator indicates that appropriate departmental policies and procedures have been followed.

Graduate College Approval: Graduate College signature

The approval of the Graduate College indicates that the above result is to be recorded in the student's file as listed above.