



*College of Graduate Studies*

**Virginia State University**

**THESIS DEFENSE**

**This form must be submitted for the candidate two (2) months in advance of the defense. The candidate can not defend until this form has been approved by the Graduate College Dean and returned to the advisor.**

The thesis defense for \_\_\_\_\_ will be  
(Student's Name/V#)

held on \_\_\_\_\_ at \_\_\_\_\_ in \_\_\_\_\_  
(date) (time) (place)

**Committee Members will be:**

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**Approved by:**

\_\_\_\_\_  
Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Thesis Advisor (if different from advisor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chairperson of Program Area

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean, College of Graduate Studies

\_\_\_\_\_  
Date