College of Graduate and Professional Studies

INDIANA STATE UNIVERSITY

Approval of Thesis or Dissertation Defense

☐ **Thesis** ☐ **Dissertation**

Name: _____ Student ID #: _____
Last *First* *M.I.*

Academic Department: _____ Academic Program: _____

Title: _____

Date of Defense: _____

Committee Approval of Defense

The committee members certify that the student has successfully defended a thesis or dissertation that meets the program standards, including academic integrity. Additionally, the student has made all requested edits and revisions.

Committee Chair: _____
Printed Name *Signature* *Date*

Committee Member: _____
Printed Name *Signature* *Date*

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Certification of Final Manuscript

We certify that the student has prepared a final draft that includes requested revisions, meets the standards for academic integrity, conforms to the CGPS *Handbook for Theses and Dissertations*, and is ready for final publication.

Committee Chair: _____
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Home College Dean: _____
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Revised September 1, 2018