

*Approval to Schedule Thesis and Dissertation
Defense*

TO: **BGES Graduate Program Director**

DATE: _____

DEGREE PROGRAM: _____ **M.S.-T** _____ **M.S.-EVS** _____ **Ph.D.**

The following signature certifies that the Major Advisor agrees that the student has completed a thesis or dissertation draft of sufficient quality to form an adequate basis for an oral defense and that the student should proceed to schedule an oral defense in accord with the requirements for a degree in the graduate program of the Department of Biological, Geological, & Environmental Sciences of Cleveland State University.

(Ph.D. students: The *Request for a Dissertation Defense Committee* should be completed if not already done.)

Major Advisor:

Name _____ Signature _____

Student:

Name _____ Signature _____

cc: student
 Advisory Committee
 BGES file