

Defense of Dissertation DATE

(See Article 10, Graduate School Policy Handbook for guidelines)
Submit to Graduate School N204



THE GRADUATE SCHOOL OF
BIOMEDICAL SCIENCES

BAYLOR COLLEGE OF
MEDICINE

Student Name: _____ BCM ID #: _____

Graduate Program: _____ (Are you also in the MD/PhD Program? Yes No)

(If Yes please include Defense Date Supplemental form for MSTP students)

Human Resources Administrator: _____ Email Address: _____
Phone #: _____

CERTIFICATION OF ELIGIBILITY (to be completed by the Graduate School after form is completed with all signatures)

Matriculation Date: _____ Admission to Candidacy Date: _____ Current Academic Standing: _____

Ethics Year 3 & 4: _____ Permission to Write Has Been Granted? Yes No
If no, the defense cannot be scheduled until permission to write has been obtained from all thesis committee members.

This student has successfully completed **180 hours** of credit and **15 terms** of residency
(the residency requirement is reduced by 1 term for each 12 hours of credit transferred); was admitted to
candidacy at least **9 months** prior to date of defense of dissertation; is **not** on Academic Warning or Academic Probation.

Graduate School Authorized Signature : _____ Date: _____

Examination Date: _____ Time: _____ Room: _____

Public Seminar Date: _____ Time: _____ Room: _____

Dissertation Title (please TYPE or PRINT clearly): _____

Committee to Administer Final Comprehensive Exam (signatures ARE required - please TYPE or PRINT names clearly):
All members of the examining committee are expected to be in attendance at the dissertation seminar and defense. Exceptions must be approved by the Dean prior to the defense date.

Name (Print)	Signature	Name (Print)	Signature

Required Approvals

Major Advisor	Signature	Date
Major Advisor	Signature	Date
Graduate Program Director	Signature	Date
Dean of the Graduate School	Signature	Date

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Student Name: _____ BCM ID #: _____

Graduate Program: _____

Date of Defense: _____

Date of Return to Clinical Clerkships: _____

Date of Graduation Appointment: _____

MD/PhD Students are required to turn in their thesis to GSBS and complete all PhD graduation requirements on the Friday prior to returning to medical school.

Students will be contacted to schedule their graduation appointment within 1 week of submitting the defense date form. Students should familiarize themselves with documentation requirements for graduation in order to ensure that all required steps are completed in time for the graduation appointment.

Once the graduation appointment is set, any changes to the graduation date or appointment time require immediate notification to the MSTP Program (Krista Defalco & Dr. Sharon Plon) and the GSBS (Robert Torres-Torres & Melissa Rowell).

Required Approvals

Student :	_____	_____
	<i>Signature</i>	<i>Date</i>
Advisor:	_____	_____
	<i>Signature</i>	<i>Date</i>
MSTP Administrator:	_____	_____
	<i>Signature</i>	<i>Date</i>
MSTP Program Director:	_____	_____
	<i>Signature</i>	<i>Date</i>

THIS FORM MUST BE SUBMITTED TO THE GRADUATE SCHOOL WITH THE DEFENSE OF DISSERTATION DATE FORM