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| Bemidji State University  School of Graduate Studies grad@bemidjstate.edu  Bemidji State University #48 Toll free: 1-888-386-8464 1500 Birchmont Drive NE Phone: 1-218-755-2027  Bemidji, MN 56601-2699 Fax: 1-218-755-2258    ***Form 5 – Graduate Research/Thesis Paper Pre-Defense Signature Form*** | | | | | | | | | | | | | | |
| Student Name: |  | | | | | | | | | | | | |
| Title of Paper: |  | | | | | | | | | | | | |
| Student ID#: |  | | | | | Date: | |  | | | | | |
| Current E-mail: |  | | | | | | | | | | | | |
| **Please print the names of each member your final oral exam committee in the spaces provided.** | | | | | | | | | | | | | |
|  | | | | |  | | |  | | | | | |
| Advisor (Committee Chair) | | | | | Member | | | | | |
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| Member | | | | | Non-departmental Field Member (**Optional)** | | | | | |
| My signature is affixed below to attest to the fact that I was provided with a copy of the Master’s Thesis/Graduate Research paper written by the student, that I have read the paper and that I have provided a reaction and/or recommendations to the candidate. | | | | | | | | | | | | | |
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| Advisor (Committee Chair): | | | |  | | | | | | | Date: | |  |
| Has the student completed the departmental written exam? | | | | | | |  | Yes | |  | | No | |
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| Committee Member: | |  | | | | | | | | | Date: | |  |
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| Committee Member: | |  | | | | | | | | | Date: | |  |
| **Please return this completed form to the School of Graduate Studies, Deputy Hall 111.** | | | | | | | | | | | | | |
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October 29, 2013