|  |
| --- |
| Bemidji State UniversitySchool of Graduate Studies grad@bemidjstate.eduBemidji State University #48 Toll free: 1-888-386-8464 1500 Birchmont Drive NE Phone: 1-218-755-2027Bemidji, 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 |
|       |       |
| 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. |
|  |
| Advisor (Committee Chair): |  | Date: |  |
| Has the student completed the departmental written exam? | [ ]  | Yes | [ ]  | No |
|  |  |  |  |
| Committee Member: |  | Date: |  |
|  |  |  |  |
| Committee Member: |  | Date: |  |
| **Please return this completed form to the School of Graduate Studies, Deputy Hall 111.** |
|  |

October 29, 2013