

**TEXAS WOMAN'S UNIVERSITY  
BIOLOGY DEPARTMENT  
COMPLETION OF MASTER'S DEFENSE**

**This completed form must be filed in the Biology Department Office within one week of successful defense of the Master's degree.**

**Student's Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

**Thesis/Professional Paper Title:**  
\_\_\_\_\_  
\_\_\_\_\_

**Date of defense** \_\_\_\_\_

**Advisor** \_\_\_\_\_  
**Print or Type name**

\_\_\_\_\_  
**Signature of Advisor**

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\_\_\_\_\_  
**Signature of Department Chair**

\_\_\_\_\_  
**Date**