



Department of  
Child Development

## Thesis Oral Defense Form

**Student Name:** \_\_\_\_\_ **Coyote ID:** \_\_\_\_\_

Title of Thesis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location: \_\_\_\_\_

Time: \_\_\_\_\_

\_\_\_\_\_

*As committee members of this graduate student's thesis, we hereby accept the successful completion of the Master's Degree in Child Development.*

### **Thesis Committee:**

\_\_\_\_\_

Name (Chair):

\_\_\_\_\_

Name:

\_\_\_\_\_

Name:

\_\_\_\_\_

**Orals Passed:**      Yes \_\_\_\_\_      No \_\_\_\_\_

\_\_\_\_\_

Committee Chair Signature:

\_\_\_\_\_

Date: