

# 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	_____	_____
	<i>Signature</i>	<i>Date</i>
Major Advisor	_____	_____
	<i>Signature</i>	<i>Date</i>
Graduate Program Director	_____	_____
	<i>Signature</i>	<i>Date</i>
Dean of the Graduate School	_____	_____
	<i>Signature</i>	<i>Date</i>

**Defense of Dissertation DATE**  
Supplemental form for MSTP Students  
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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**