

**Institute for Women's, Gender, and Sexuality Studies**  
**Thesis Proposal Defense Form**

*Please complete the top portion of this form prior to your proposal defense and bring it with you.  
Collect faculty signatures and turn it in to the WGSS Graduate Director on the day you defend  
your thesis proposal.*

Your name & Cohort: \_\_\_\_\_

Your complete mailing address:

E-mail address: \_\_\_\_\_

Phone number: \_\_\_\_\_

The above student successfully defended her/his thesis proposal on \_\_\_\_\_.  
(date)

The tentative title of this thesis is:

**Thesis committee approvals:**

1) Thesis Advisor

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_

2) Committee Member (or Co-chair)

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_

3) Committee Member

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_

4) Committee Member

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_

5) Committee Member

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_