

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

*Please complete the first page of this form prior to your thesis 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.*

Your name & Cohort:

\_\_\_\_\_

Your complete mailing address:

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

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

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

The final title of this thesis is:

Necessary IRB approval was obtained: \_\_\_\_\_ YES      \_\_\_\_\_ NO

Which type?:    \_\_\_\_\_ Human Subjects (Full review)

                  \_\_\_\_\_ Human Subjects (Expedited Review)

                  \_\_\_\_\_ Exempt

IRB protocol/approval number: \_\_\_\_\_

\*\*\*\*\*

**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: \_\_\_\_\_