

UTSA Department of Earth and Planetary Sciences

Intent to Defend Master’s Thesis

Consult with your thesis committee members for your defense date, and Zoom setup if applicable. Return completed form to Laurie.Gay@utsa.edu.

Date: _____

Major: _____

Student Name: _____

Student ID: _____

Thesis Defense date: _____

Time: _____

Check one and fill in information:

Location (in-person):

Location (in-person /zoom)

Provide Zoom Link:

Location (zoom only)

Provide Zoom Link:

Thesis title: _____

Thesis Supervisory Committee:

| | |
|---|--|
| Chair (must be a tenured, tenured-track member) | |
| co-Chair (if applicable) | |
| Member | |
| Member | |
| Member | |

Student Signature: _____

Committee Chair Signature: _____

c: Graduate Advisor of Record