

**SCHOOL OF MARINE SCIENCE
 THESIS/DISSERTATION DEFENSE ACCEPTANCE FORM**



STUDENT LAST NAME	STUDENT FIRST NAME	M.I.	BANNER ID	DEGREE PROGRAM
DEPARTMENT		EMAIL ADDRESS		

This is to certify that we have examined the thesis/dissertation entitled:

(Please type title above, in title case, exactly as it should be shown on all College records)

submitted by the above-named student in the School of Marine Science, in partial fulfillment of the requirements for his/her degree program.

We **RECOMMEND** **DO NOT RECOMMEND** acceptance of this **THESIS** **DISSERTATION** defense on _____ date

by the College of William and Mary. The above-named student has demonstrated the capacity to apply theoretical and academic skills by teaching and/or research practice concurrent with the student's academic studies.

Comments: _____

ADVISORY COMMITTEE APPROVAL (SIGNATURES OF ALL ADVISORY COMMITTEE MEMBERS REQUIRED)	
MODERATOR	DATE
MAJOR ADVISOR	DATE
CO-MAJOR ADVISOR	DATE
COMMITTEE MEMBER #1	DATE
COMMITTEE MEMBER #2	DATE
COMMITTEE MEMBER #3	DATE
COMMITTEE MEMBER #4	DATE
COMMITTEE MEMBER #5	DATE

**PLEASE RETURN THIS FORM WITH ORIGINAL SIGNATURES TO THE SMS REGISTRAR, WATERMEN'S HALL ROOM 253
 EXTERNAL COMMITTEE MEMBERS CAN SUBMIT FORM ELECTRONICALLY TO REGISTRAR@VIMS.EDU.**

OFFICE USE ONLY: DATE RECEIVED: _____ INITIALS: _____ MILESTONES BANNER NOTIFIED STUDENT