



Comprehensive Examination, Thesis Defense, and Project Defense Request Form

College of Graduate Studies
 Maxwell Library, Room 019
 Bridgewater State University
 Bridgewater, Massachusetts 02325

It is the graduate student's responsibility to see that this form is completed and filed with the College of Graduate Studies no later than **October 1st** for fall exams and **February 1st** for spring exams or defenses. Students will be billed by Student Accounts for the appropriate non-refundable fee. Should a student not sit for or pass the examination or defense in the semester requested, a new request form will need to be completed and the student will be charged and billed again for this fee.

Fees: Master's Degree - \$60.00 CAGS - \$75.00

NOTE - this form is not required of students in the following programs:

Master of Business Administration MAT in Physical Science
Master of Science in Accountancy Master of Social Work

Student Request: <i>(please check one)</i>
<input type="checkbox"/> Comprehensive Examination
<input type="checkbox"/> Thesis Defense
<input type="checkbox"/> Project Defense

Student Information

Name	
BSU Banner ID	
Degree	
Program	
Address	
Telephone Number	
Email Address	

I am requesting to schedule this examination, thesis defense, or project defense in the following semester:

Please check one: Fall Spring

<i>Student's Signature</i>	<i>Print Name</i>	<i>Date</i>
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Approval Signatures

(signatures are to be obtained by the student prior to submitting to the College of Graduate Studies)

<i>Advisor's Signature</i>	<i>Print Name</i>	<i>Date</i>
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<i>Graduation Coordinator's Signature</i>	<i>Print Name</i>	<i>Date</i>
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