

Anatomy and Cell Biology Master's Program

Department of Ophthalmolgy, Visual and Anatomical Sciences

MS Thesis Defense Assessment Masters of Science

NOTE: This form must be submitted to the Master's Program Graduate Director after the formal defense of the MS Thesis. The decision to pass or fail the student will be made by the Thesis Advisory Committee. Comments on the strengths and weaknesses of the defense should be noted below and filled out by the Advisor (Committee Chair). The deadline for this form is May 1st of Year 2.

| Student's Name: | | Access ID (e.g., aa1234): | |
|-------------------------------|--------------|---------------------------|--------|
| Email: | Phone: | | |
| ☐ PASS – Defense of MS Thesis | | | |
| ☐ FAIL – Defense of MS Thesis | | | |
| omments: | | | |
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| | | | |
| Committee | | Signatures | , |
| (Print/Type Names) | (Access IDs) | (Sign Names) | (Date) |
| Advisor | | Advisor | |
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| Outside Member | | Outside Member | |
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