



Plan B – ORE Internal Form 3

Part 1. To be completed by student

Student Name _____ UH ID#: _____
 Last, First, M.I.

Graduate Program _____ Degree Objective _____
 Include Specialization if Applicable

Date of Final Oral Exam / Defense _____

I certify that I have read and understand the policies and instructions for this form.

Student Signature _____ Date _____

Obtain signatures from the thesis committee:

We certify that we have read and understand the policies and instructions for this form.

	Name	Signature	Date
Chair			
Member			
Member			
Member			

Part II. To be completed by the graduate chair

Approved Not Approved

Graduate Chair Signature _____ Date _____