

Preliminary Thesis Approval and Permission to Defend Form

**MASTER OF SCIENCE IN MARINE SCIENCES
MARINE AND ENVIRONMENTAL SCIENCES DEPARTMENT
SAVANNAH STATE UNIVERSITY
UNIVERSITY SYSTEM OF GEORGIA
SAVANNAH, GEORGIA 31404**

Date _____

To the Program Coordinator of the M.S. Program in Marine Sciences:

This committee has examined the thesis draft of _____ and finds no substantial problems with it. We therefore approve the scheduling of the thesis defense for this student.

Comments, if necessary:

Tentative defense date: _____

Examining Committee:

Advisor: _____

Program Coordinator _____

It is the student's responsibility to give the original copy of this form to the Program Coordinator and to keep a copy for his/her own personal records. The Program Coordinator will file this form with the Department Chair.