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MAYO CLINIC

Verification that the Thesis is Ready to Defend

Mayo Graduate School

Office Use Only

Student Information

Name *(Last, First, Middle)*		Per ID
Degree Program Start Date *(Month DD, YYYY)*	Thesis Defense Date *(Month DD, YYYY)*	
Thesis Defense Time	Thesis Defense Location – *include videoconference time and location, if applicable*	
Thesis Title – *Use correct capitalization*		

☐ Yes ☐ No A first author publication is accepted (PHD only). Date *(Month DD, YYYY)* _____

Instructions

Three weeks prior to the student's defense date:

- Sign this form to verify that you have read the thesis and that the thesis is ready to be distributed to the Thesis Advisory Committee for review prior to the thesis defense.
- A copy of this signed form must be attached to the thesis when it is distributed to the Thesis Advisory Committee.
- **Send the signed copy of this form to Mayo Graduate School, mayogs@mayo.edu.**

This thesis aligns with the following Mayo Clinic center(s):

- ☐ Cancer Center
- ☐ Center for Individualized Medicine
- ☐ Center for Regenerative Medicine
- ☐ Center for the Science of Health Care Delivery

Verification – Advisor Signature – *Required*

Advisor Signature - *Required*	Date *(Month DD, YYYY)*

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