



DEPARTMENT *of* HISTORY
UNA Box 5019, One Harrison Plaza, Florence, AL 35632-0001
P: 256.765.4306 | www.una.edu/history
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Thesis Defense Form (M.A.-History)

Student: ID#

Date:

Title of Thesis:

Date and Time of Defense:

Room Location of Defense:

Room Confirmed with Department Administrative Assistant: ☐ Yes ☐ No

Thesis Advisor:

Second Reader:

Third Reader:

Approved:

Thesis Advisor

Coordinator of Graduate Studies—History M.A.

Department Chair

cc:
Thesis Advisor
Second Reader
Third Reader
Student