## Office of Graduate and Professional Studies

## WRITTEN THESIS APPROVAL FORM



| Student's Name:   | U student records) |                   |                     |                         |                          |  |
|---|--------------------|-------------------|---------------------|-------------------------|--------------------------|--|
| Degree (check one):   | ☐ M.S.             | ☐ M.A.            | $\square$ MMR       | ☐ MSPH                  |                          |  |
| Date of Defense: (mm/dd/yy or Exempt): Today's Date (mm/dd/yy): |                    |                   |                     |                         |                          |  |
| Anticipated Date of G   | raduation (Month   | Year):            |                     |                         |                          |  |
| Major Subject:  |                    |                   |                     |                         |                          |  |
| Thesis Title:   |                    |                   |                     |                         |                          |  |
| We the undersigned duscope and quality as a                     |                    |                   |                     |                         |                          |  |
|   | d Dissertation Se  | rvices for proces | sing and acceptance | e, OR we indicate o     | ur dissent below. A vote |  |
|   |                    |                   |                     | Approve                 | Disapprove               |  |
|   |                    |                   |                     |                         |                          |  |
| Chair:  |                    |                   |                     |                         |                          |  |
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|   |                    |                   |                     |                         |                          |  |
| Student Contact Info  | rmation:           |                   |                     |                         |                          |  |
| UIN   |                    | <del></del>       | Studen              | Student's Email Address |                          |  |

The student must submit this signed approval form and a PDF file of the thesis to Thesis and Dissertation Services for review. Students must clear Thesis and Dissertation Services within a year of their final defense. To graduate in a given semester, a student must meet the scheduled deadline for submittal of the signed approval form and the thesis in final form. The Office of Graduate and Professional Studies posts a calendar for each semester, and these dates must be observed.

PLEASE TAKE THIS ORIGINAL SIGNED APPROVAL FORM TO THESIS AND DISSERTATION SERVICES.