

# M.S. THESIS COMPLETION REPORT

Student's Name \_\_\_\_\_

Title of Thesis \_\_\_\_\_

Defense was held on \_\_\_\_\_  
(date)

Committee Remarks:

## APPROVAL OF THESIS

**Committee Members**  
(Please print names.)

**Signatures**

**Date**

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Upon completion of the thesis defense and approval of the final version of the thesis, the committee members must sign this form. After all signatures are received, this form should be returned to the Department's Graduate Staff Coordinator for inclusion in the student's file. This report serves as proof that the thesis has been completed and approved by the Department. The Committee members and Department Head will each receive the thesis and signatory request electronically from the Grad School Thesis Office after the student uploads the final thesis.