Final Thesis Approval

G501B

Submit this completed form with three unbound copies of the thesis to the Thesis Examiner, by appointment, at least nine days before the end of the semester, during the Fall and Spring terms, and five days before the end of the semester, during the Summer term. To make an appointment with the Thesis Examiner call (312) 567-3024.

Degree - Check One
M.S./M.Arch ☐ Ph.D. ☐

Student’s Last Name ____________________________ First Name ____________________________ Student ID/CWID ____________________________

Print Thesis Title ____________________________________________________________

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Advisor: Please certify that the accompanying CD is a true copy of the printed thesis that you have reviewed and are approving. (Required) Date ____________________________

Thesis Review Committee (Print) Final Thesis Approval Signatures Date
Advisor Name ____________________________________________________________
Member ____________________________________________________________
Member ____________________________________________________________
Member ____________________________________________________________
Member ____________________________________________________________
Department Chairperson ____________________________________________________________

Thesis Examiner (By Appointment) ____________________________________________________________

Thesis Examiner: Were any formatting changes necessary after the thesis was reviewed by the committee?
Yes ☐ No ☐ ☐ Return to advisor for approval due to required extensive reformatting.

Final Advisor Signature: If the thesis was reformatted after committee review, please certify that the accompanying CD is a true copy of the reformatted printed thesis. ____________________________ Date ____________________________

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