



Clearance for M.S. Thesis

This form must be filed along with the MEM GR-2 (Clearance for M.S. Degree) if a student indicated the M.S. thesis option in the MEM GR-1 (Plan of Study)

Full Name:

Last

First

Middle

Student ID number: _____

Email: _____

Phone: _____

Thesis Title:

Faculty Advisor: _____

Thesis Credit Registration

Credits	Term/Year
_____	_____
_____	_____
_____	_____
_____	_____

Faculty Advisor's Approval:

This student has successfully fulfilled all of the requirements for completing the above thesis.

Faculty Advisor's Signature: _____

Date: _____

Faculty Name (please print): _____

Department Graduate Advisor Approval

Graduate Advisor's Signature: _____

Date: _____