

Western Connecticut State University
Fulfillment of the requirements for a
MASTER'S THESIS

THESIS COMPLETION

Department : _____ Degree Program: _____

Student: _____
Name Student ID #

Thesis title: _____

Date Completed: _____

Thesis adviser(s): Sign below upon satisfactory completion of thesis requirement.

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PROGRAM AND DEPARTMENTAL REVIEW (as appropriate)

I have received a copy of the final version of the thesis as approved by the Department and find it in compliance with the program and University requirements.

Program Coordinator Date

Department Chair Date

SCHOOL DEAN

I have received a copy of the final version of the thesis as approved by the Department and find it in compliance with program and University requirements.

Dean School Date

GRADUATE OFFICE

A copy of the thesis was submitted to the Graduate Office as evidence that the thesis requirements has been met. The copy was forwarded to the University Library for archiving.

For the Graduate Office Date 06-11-2008