



Memorandum to the Office of the Registrar, Graduation Services

Student Name: UID:

Thesis Title

Department:

Please read the Master's Thesis of the above candidate. If you approve, indicate by signing and dating next to your name.

Name Signature Date

Name Signature Date

I am the Director of Graduate Studies in the above listed department. I verify that this student properly submitted a master's thesis and the individuals listed above were approved by the department according to GSAS policy and read the thesis.

Director of Graduate Studies

Signature

Date

The department must submit the signed title page and signed sheet to the Office of the Registrar – Graduation Services.