



Thesis Approval Form

Student's UIN:

Student's name:

Degree sought:

Department/
program:

We, the undersigned, recommend that the thesis completed by the student listed above, in partial fulfillment of the degree requirements, be accepted by the Graduate College for deposit.

Adviser approval*

Adviser

Co-adviser

Additional approvals (if required)*

* At least one of the signatures above must be that of a member of the University of Illinois at Urbana-Champaign graduate faculty.

Departmental approval

Head of department/program

Date

The signature of the department head, or authorized signatory, is an assertion of the authenticity of the committee signatures and the acceptability of the thesis to the department. Signatory must sign his or her own name.

This form is required for completion of the thesis deposit.