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PLEASE INITIATE FORM IN DOCUSIGN.

FORM GSBS25: MASTER'S THESIS OUTCOME

Instructions

After the MS thesis has been evaluated, please complete and submit this form.

Student Information

Student Name:

PSCS ID:

Graduate Program:

Thesis Information

Master's Thesis Title:

Student's research proposal has been evaluated, accepted, and approved by the committee. Yes No

Date Thesis Submitted:

Date Thesis Approved:

Signatures

Role	Name	Signature	Date
Student			
Thesis Advisor			
Thesis Co-Advisor			
Master's Thesis Committee Chair			
Graduate Program Director			
Graduate Program Co-Director			
Graduate Program Co-Director			
GSBS Office Staff		N/A	
GSBS Dean			

Distribution: All Signers