

GRADUATE SCHOOL

Written Thesis (M.S. / M.A.) Approval Form

Student Name:		TAMIU ID:		
Student Email Address:				
College:	ollege: Master of: Science Arts Major:			
Date of Defense:		<u> </u>		
Anticipated Submission/Gra	duation: Fall D Spri	ing □ Summer □ Year:	_	
Thesis Title:				
• • • • • • • • • • • • • • • • • • • •	master's degree. We approval.	nd and examined this manuscript and certification of the thesis to be submit	•	
Committee Chair	Date	Department Chair	Date	
Committee Member	Date	College Dean	Date	
Committee Member	Date	Graduate School Dean	Date	
Committee Member	Date	<u> </u>		

The student must submit the Written Thesis Approval Form with all required original signatures to the Graduate School. Student must submit a PDF version of their thesis to thesis@tamiu.edu. Students must clear the Graduate School formatting requirements within a year of their final defense. To graduate in a given semester, a student must meet the Graduate School scheduled deadline for submittal of the signed approval form and the thesis in final form.

Submit form with all required information, signatures, electronic approvals/emails/signatures to: Graduate School | Senator Judith Zaffirini Student Success Center, Suite 223