AUGUSTA UNIVERSITY
THE GRADUATE SCHOOL

Thesis / Project / Supervised Research Thesis Approval Form Masters Degree

TO: Members of the Advisory Committee for:

Name of Student _____

Graduate Program _____

Your Major Advisor's signature below indicates approval of the student's thesis/project/supervised research. Your approval at this point will not imply that there are no corrections that have to be made. Your approval will imply that there are no major alterations necessary in the investigations or in the body of the text; that the review of the literature is adequate; that the data adequately supports the conclusions; and that the quality and amount of work represented by the thesis / project / supervised research is, in general, consistent with the degree being sought by the student. A Final Oral Examination will not be scheduled until these criteria are met. Your approval at this point will have no bearing on the outcome of the Final Oral Examination.

_____ _____ _____
Major Advisor Signature Date

Title of thesis/project/supervised research _____

_____

_____

Print and Sign your name in the space provided below if you feel that the dissertation/thesis is acceptable for the purpose of administering the Final Oral Examination. If you do not feel this is the case, inform the student of your criticisms so that they may be taken into account in the modifications. The student will then submit the modified manuscript to the committee.

Authorized Signatures

Names of Committee Members
(Other than Major Advisor)

_____ Date_____
Advisory Committee Member

_____ Date_____
Advisory Committee Member

_____ Date_____
Advisory Committee Member

_____ Date_____
Advisory Committee Member

An electronic copy of the thesis must be submitted to The Graduate School with this form.