

TO: Members of the Advisory Committee for:

Name of Student

Graduate Program

Graduate Program Director

Your 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 dissertation 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 _____

Type and Sign your name in the space provided below if you feel that the dissertation 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)

Advisory Committee Member Signature _____
Date

Advisory Committee Member Signature _____
Date

Advisory Committee Member Signature _____
Date

Advisory Committee Member Signature _____
Date

Please submit completed form with signatures to the Graduate School or email to tgsenrolled@augusta.edu. The Graduate School will send a copy of the completed form to the appropriate program director.