

Thesis Approval Form	Student UIN:
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Student's Name:
Degree Sought:
Department / Program:

APPROVAL OF MASTER'S THESIS

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.

NAME * (Type full name)	SIGNATURE
(Adviser)	
(Co-adviser, if applicable)	

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

By completing this box, you are confirming that the student above has satisfactorily completed the 599 academic work for the program stated above for the specified terms listed here: _____ to _____.
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Departmental Approval	
_____	_____
Head of Department/Program	Date
<i>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.</i>	

The submission of this form to the Graduate College indicates the approval of the format and content of this document.

This form is required for completion of the thesis deposit.