

Graduate Thesis/   
Dissertation Approval Form

Instructions: Complete the information on this form and obtain the required signatures after the final thesis/dissertation has been reviewed and approved by your committee. Visit https://www.uaa.alaska.edu/academics/graduate-school/thesis for further instructions, paying careful attention to the Graduate School deadlines and process.

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| STUDENT NAME | | STUDENT ID |
| EMAIL | | PHONE NUMBER |
| DEGREE (M.S., M.A., PhD) | PROGRAM | CONCENTRATION (if applicable) |

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| **Research/IRB/IACUC # (if applicable):** | **Embargo Requested? \_\_No \_\_ Yes (If yes, for how long?) 6 months 1 yr 2 yrs** |

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| **Thesis/Dissertation Title:** (*exactly* as it appears on your Title page) | | | | | |
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| **Student Signature:** | | | | **Date:** | |
| **Thesis/Dissertation Approved:** | | | | | |
| To the best of my knowledge, I, the undersigned, affirm that all recommended changes have been made to the project and, if applicable, all classified, confidential, and proprietary consent has been properly addressed. | | | | | |
|  | |  | | | Approved  Not Approved |
| Committee Member Signature | | Printed Name and Date | | | |
|  | |  | |  | Approved  Not Approved |
| Committee Member Signature | | Printed Name and Date | | | |
|  | |  | | | Approved  Not Approved |
| Committee Member Signature | | Printed Name and Date | | | |
|  | |  | | | Approved  Not Approved |
| Committee Co-Chair Signature (if applicable) | | Printed Name and Date | | | |
|  | |  | | | Approved  Not Approved |
| Committee Chair Signature | | Printed Name and Date | | | |
|  | |  | | | Approved  Not Approved |
| Department Director/Chair Signature | | Printed Name and Date | | | |
|  | |  | | | Approved  Not Approved |
| College Dean Signature | | Printed Name and Date | | | |
|  | |  | | | Approved  Not Approved |
| Graduate School Dean’s Signature | | Printed Name and Date | | | |
|  | | | | | |
| Graduate School Notes: | | | | |  |
| Entered SHAQPNO: \_\_\_/\_\_\_/\_\_\_\_ | SGASADD Complete \_\_/\_\_/\_\_ | | Paperwork Complete? \_\_Yes \_\_No | Cleared? (Date\_\_\_/\_\_\_/\_\_\_\_)  \_\_Yes \_\_No | |

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