

THESIS/ SPECIAL PROJECT COMPLETION FORM

GS-TSP-1 (05/06/24)



Graduate Admissions Office

FULL NAME (PLEASE PRINT)		UOG ID# or LAST 4-DIGIT OF SSN	
EMAIL ADDRESS		TELEPHONE NUMBER	
THESIS TITLE:		FINAL DEFENSE DATE:	

APPROVED BY

COMMITTEE CHAIR (PRINT NAME)	SIGNATURE	DATE
COMMITTEE MEMBER (PRINT NAME)	SIGNATURE	DATE
COMMITTEE MEMBER (PRINT NAME)	SIGNATURE	DATE
COMMITTEE MEMBER (PRINT NAME)	SIGNATURE	DATE
COMMITTEE MEMBER (PRINT NAME)	SIGNATURE	DATE
COLLEGE/ SCHOOL ACADEMIC DEAN (PRINT NAME)	SIGNATURE	DATE



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