

G501B

Office of Academic Affairs
Graduate College
Illinois Institute of Technology
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Final Thesis Approval

Submit this completed form with three unbound copies of the thesis to the Thesis Examiner, by appointment, at least nine days before the end of the semester, during the Fall and Spring terms, and five days before the end of the semester, during the Summer term. To make an appointment with the Thesis Examiner call (312) 567-3024.

Degree - Check One

M.S./M.Arch Ph.D.

Student's Last Name First Name Student ID/CWID

Print Thesis Title _____

Advisor: Please certify that the accompanying CD is a true copy of the printed thesis that you have reviewed and are approving. _____ (Required) Date _____

Thesis Review Committee (Print)	Final Thesis Approval Signatures	Date
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Advisor Name	_____	_____
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Member	_____	_____
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Member	_____	_____
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Member	_____	_____
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Member	_____	_____
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Department Chairperson	_____	_____
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Thesis Examiner (By Appointment) _____

Thesis Examiner: Were any formatting changes necessary after the thesis was reviewed by the committee?

Yes No Return to advisor for approval due to required extensive reformatting.

Final Advisor Signature: If the thesis was reformatted after committee review, please certify that the accompanying CD is a true copy of the reformatted printed thesis. _____ Date _____