TO: Dean, School of Graduate Studies

FROM: 

Primary Thesis Advisor

Department

SUBJECT: Approval of Thesis

Attached you will find an original and one copy of the approved thesis and three (3) copies of its abstract prepared by:

Name: 

CCSU ID: 

Street: 

Phone:(H): (  )

City/St/Zip: 

(W) (  )

Country: 

Date: 

Major: 

Degree Program: 

Thesis Title:

If human or animal subjects were involved, have you included HSC or IACUC approval in the appendix of the thesis?

☐ Yes  ☐ No

REQUIRED THESIS APPROVAL SIGNATURES:

Primary Thesis Advisor:

Date Approved by Primary Thesis Advisor: 

Committee Member:

Committee Member: 

Committee Member: 

ACCEPTED BY:

Dean, School of Graduate Studies

Date Accepted