UNIVERSITY OF KENTUCKY
The Graduate School

THESIS APPROVAL FORM

NAME: _____ **STUDENT ID**: _____
Last **First** **M.I.**

CURRENT ADDRESS: _____

E-MAIL ADDRESS: _____ **TELEPHONE #**: _____

PROGRAM: _____ **DATE OF REQUEST**: _____

THESIS TITLE:

Members of the Advisory Committee for the above named student verify that the thesis satisfies the requirements of the Graduate School as approved by the Graduate Faculty on October 06, 1972, and recommend that the final examination should be scheduled.

SIGNATURES: _____
Director of Thesis

_____
Co-Director (if Applicable)

_____
Director of Graduate Studies

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