Master's Plan A – Thesis Evaluation (Form III)

Part I. To be completed by the student

Name ___________________________ UH ID No. ___________________________

Graduate Program Geology & Geophysics Degree Objective MS

Date of Final Oral Exam / Defense ___________________________ MM/DD/YYYY

I certify that I have read and understand the policies and instructions for this form.

Signature of Student ___________________________ Date ___________________________

Obtain signatures from the thesis committee:

We certify that we have read and understand the policies and instructions for this form.

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Part II. To be completed by the graduate chair

☐ Approved  ☐ Not Approved

Signature of Graduate Chair ___________________________ Date ___________________________

GRADUATE DIVISION ACTION

☐ Approved  ☐ Not Approved  By ___________________________ Date ___________________________

Remarks

C: Graduate Program / Student

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