



OFFICE *of* RESEARCH & GRADUATE STUDIES

THESIS CLEARANCE

Graduation Date (month/year)

Student ID

Name

School or College

Program

Concentration

**Thesis
Title**

Committee Members

Please print
names of
committee
members.

Program Clearance (Thesis Approval)

PROGRAM DIRECTOR: Signature and date confirm completion of all program requirements except for those listed in the checklist.

**Program
Director**

CHECKLIST

Account opened at *The Athenaeum* and thesis pdf uploaded.

IRB protocols closed. IRB Office approval:

Final format of thesis approved.

APPROVAL OF THESIS CLEARANCE

**Director of
Graduate Studies**

Trinidad Macias, PhD

Distribution: Registrar, Program Director, Committee Chair and Members, Student, Office of Graduate Studies