

THESIS CHECKLIST FORM

For Bachelor's (XXX 399) or Master's (XXX 499) Thesis

PLEASE MAKE AND RETAIN A COPY OF THIS FORM FOR YOUR OWN RECORDS!

A. Student information

Student's name: _____ U of N ID# _____
Degree programme: _____ College/Faculty _____
Title of Proposal: _____
Academic Advisor or College/Faculty Dean documenting information: _____
Date of initial meeting with Academic Advisor or College/Faculty Dean: _____

B. Thesis Proposal

1. Date proposal received: _____
2. Thesis advisor and thesis committee members selected:
Thesis Advisor: _____
Thesis Committee Member 1: _____
Thesis Committee Member 2: _____
Thesis Committee Member 3: _____
3. Proposal Evaluation: Approved []; Not Approved []
Signature of Thesis Advisor: _____
4. Date written approval sent: _____ (please attach copy of letter)

C. Thesis Review

1. Date thesis received: _____
2. Thesis reviewed/ examined by:
Thesis Advisor: [] Date: _____
Thesis Committee Member 1: [] Date: _____
Thesis Committee Member 2: [] Date: _____
Thesis Committee Member 3: [] Date: _____
3. Oral examination arranged: [] Date: _____
4. Oral examination completed: [] Date: _____
5. Revisions to thesis required: Yes [] No []
6. Revisions to thesis received: Yes [] No []
7. Final copy approved: Yes [] No []
8. Committee signatures obtained: Yes [] No []
9. Three bound copies received: Yes [] No []
10. Grade granted: _____

Verification by the Thesis Advisor: _____
Signature Date