

THESIS/ SPECIAL PROJECT COMPLETION FORM

GS-TSP-1 (09/28/18)



FULL NAME (PLEASE PRINT)	SSN/UOG ID#
EMAIL ADDRESS	TELEPHONE NUMBER

APPROVED BY

COMMITTEE CHAIR (PRINT NAME)	SIGNATURE	DATE
COMMITTEE MEMBER (PRINT NAME)	SIGNATURE	DATE
COMMITTEE MEMBER (PRINT NAME)	SIGNATURE	DATE
COMMITTEE MEMBER (PRINT NAME)	SIGNATURE	DATE
COLLEGE/ SCHOOL ACADEMIC DEAN (PRINT NAME)	SIGNATURE	DATE



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