



**Master's Thesis Completion Form**

*(Submit this form to the Kinesiology Graduate Affairs office upon completion of thesis requirements)*

NAME \_\_\_\_\_ UMID# \_\_\_\_\_ Date \_\_\_\_\_

**FINAL TITLE OF THESIS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Committee Evaluation of Student's Performance on their Master's Thesis:**

Printed Name	Performance: Circle One	Signature	Date
Faculty Advisor	Pass    Fail		
Faculty	Pass    Fail		
Faculty	Pass    Fail		

Committee's Overall Assessment (to be completed by the Faculty Thesis Advisor): \_\_\_\_\_ Pass    \_\_\_\_\_ Fail

Associate Dean for Graduate Affairs Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DEADLINE INFORMATION:** This form must be filed with the Graduate Affairs Office to initiate notification to Rackham Records Office and recommend approval for degree. Additionally, it must be submitted by **March 31** in order to be recognized at Kinesiology's commencement ceremony.