

Thesis Approval Form

Department of Chemistry

Date _____

I have reviewed the thesis for _____ (student name).

I believe that it is essentially complete, with the exception of minor corrections, and is ready for departmental thesis format approval and defense (to be held a minimum of three weeks later).

I verify that at least one publication, or manuscript ready for submission to a scientific journal, is included in this dissertation (Ph.D. candidates only).

Signature of Major Professor

This portion to be filled out by Formatting Advisor Only

Date _____

_____ has passed format for his/her Ph.D./M.S. Thesis
in the Department of Chemistry.
Student Name