



COLLEGE *of* CHARLESTON

GRADUATE SCHOOL
UNIVERSITY OF CHARLESTON, S.C.

THESIS RELEASE

Student Name: _____

CWID: _____

Program (Degree and Major): _____

Note: No acronyms or abbreviations

THESIS DEFENSE

Thesis Successfully Defended On: _____

Date Thesis released to student to make changes: _____

Thesis Advisor: _____

REQUIRED CHANGES TO THESIS COMPLETED

Changes to thesis have been successfully completed and accepted by the thesis committee.

Date Final Thesis submitted by student to committee: _____

Thesis Advisor Signature: _____

Date: _____

Student Signature: _____

Date: _____