

THESIS BINDING CHECKLIST
MASTER'S DEGREE

Student's Name _____

DEPARTMENT

The thesis has been accepted as being in final form.

Advisor's signature _____

Date _____

CASHIER

Paid \$ _____ for binding the thesis. Check _____ Cash _____

Cashier signature _____ Date _____

LIBRARY

Three copies have been deposited in final form at the Library for binding. (student copy, department copy, and library copy)

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Return completed form to the Graduate Office (Pat Cichosz, Somsen 114)