

**THESIS BINDING CHECKLIST**  
**MASTER'S DEGREE**

Student name \_\_\_\_\_

*Please hand carry this form to each station below and secure the appropriate signature.*

**DEPARTMENT**

Thesis has been accepted as being in final form.

Advisor's signature \_\_\_\_\_ Date \_\_\_\_\_

**CASHIER**

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

Cashier's signature \_\_\_\_\_ Date \_\_\_\_\_

**LIBRARY**

Three copies have been deposited in final form at the Library for binding.

Library signature \_\_\_\_\_ Date \_\_\_\_\_

Hand carry completed form to the Office of Graduate Studies, Somsen 210c

Or mail to:

Office of Graduate Studies  
Winona State University  
Somsen 210c, PO Box 5838  
Winona, MN 55987