



GRADUATE RESEARCH APPROVAL FORM

This form is to be submitted by the student to verify successful completion of the graduate research thesis/project. The student should bring the original completed form to the School of Graduate and Extended Studies. The office will distribute a copy to each of the following: Program Director, Committee Chair, Registrar and student.

**UTICA
COLLEGE**

Student Name: _____

Student ID Number: _____

Student Address: _____

Graduate Program: _____

Outcome:

_____ Accepted (pending format review)

_____ Conditional acceptance with minor revisions requiring approval of the Committee Chair. Please attach a memo explaining the required revisions.

_____ Conditional acceptance with minor revisions requiring approval by each Committee Member. Please attach a memo explaining the required revisions.

_____ Rejected

Student Signature: _____ Date: _____

Committee Members:

1. Chair (type or print name): _____

Signature Affirming Outcome: _____ Date: _____

2. Name (type or print name): _____

Signature Affirming Outcome: _____ Date: _____

3. Name (type or print): _____

Signature Affirming Outcome: _____ Date: _____

Approval of School Dean:

Signature: _____ Date: _____