M.S. THESIS REVISIONS REQUIREMENTS

Submit the completed form to the ECE Graduate Studies Office (room ECE 263).

Name:		
Student ID:	Home Phone:	Office Phone:
Address & Zip Code:		
E-Mail Account:		
Faculty Advisor:		
Examination Date:		
The approval of the final thesi	is will be by the Faculty Ad	lvisorwhole committee.
	Graduate College after the thesis	ter the date of the examination. Continuous defense if the requirements are not met within
The following revisions must be completed no later than		
Committee Signatures:		
commute signatures.		
I have reviewed this list of r final approval of the thesis.	evisions and understand that con	npletion of these revisions is required before
Candidate Signature:		
Approval of the final thesis (b the required revisions:	y the Faculty Advisor or the who	le committee) after satisfactory completion of
Faculty Advisor Approval:		Date:
Committee Member Approval	l:	Date:
Committee Member Approval	l:	Date: