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**Master’s Thesis Completion Form**

***(Submit this form to the Kinesiology Graduate Affairs office upon completion of thesis requirements)***

**NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_UMID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FINAL TITLE OF THESIS**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Committee Evaluation of Student’s Performance on their Master’s Thesis:**

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| --- | --- | --- | --- |
| **Printed Name** | **Performance: Circle One**  | **Signature**  | **Date**  |
| Faculty Advisor  | Pass Fail  |  |  |
| Faculty | Pass Fail  |  |  |
| Faculty | Pass Fail  |  |  |

Committee’s Overall Assessment (to be completed by the Faculty Thesis Advisor):\_\_\_\_\_ Pass \_\_\_\_ Fail

Associate Dean for Graduate Affairs Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEADLINE INFORMATION: This form must be filed with the Graduate Affairs Office to initiate notification to Rackham Records Office and recommend approval for degree. Additionally, it must be submitted by March 31 in order to be recognized at Kinesiology’s commencement ceremony.**