

### Approval of Dissertation/Thesis/Project

Approval For: \*

Form Initiator Role: \*

First Name: \*  Last Name: \*  Student ID: \*

Email: \*  Phone: \*

Degree: \*   Major: \*  Concentration:

*(English, Physics, Geoscience, etc.)*

*(Geology, Native Arts, etc.)*

Did you work with humans or animals? \*

Embargo Requested? \*

THESIS/DISSERTATION/PROJECT TITLE (This title must match the title on your Title Page)

\_\_\_\_\_  
Initiator Signature Date

\_\_\_\_\_  
Student Signature Date

Please enter contact information below for the required form approvers.

How many Committee Members are required to sign this form? \*

**Committee Chair/Co-Chair** First Name: \*  Last Name: \*  Email: \*

**Department Chair** First Name: \*  Last Name: \*  Email: \*

**Graduate Coordinator** First Name: \*  Last Name: \*  Email: \*

Graduate Coordinator Comments:

\_\_\_\_\_  
Graduate Coordinator Signature Date

First Name: \*  Last Name: \*  UA ID:

\_\_\_\_\_  
Committee Chair/Co-Chair Signature Date

First Name: \*

Last Name: \*

UA ID: \*

Department Chair Signature

Date

FOR GRADUATE SCHOOL USE ONLY

Notes:

Notes text area with scroll bar

Graduate School Processing Signature

Date

GRADUATE SCHOOL | PO BOX 757560 FAIRBANKS, AK 99775-7560 | TEL: 907-474-7464  
FAX: 907-474-1984 | EMAIL: [uaf-grad-school@alaska.edu](mailto:uaf-grad-school@alaska.edu) | 202 EIELSON BUILDING

Initiator Signature

Date:

SAMPLE