



M.Sc. Thesis Submission Form

This form, appropriately completed, must accompany the thesis submitted to the Departmental Chair for transmission to the examiners. The student must sign Part I and his/her supervisor must sign Part II and submit together with an origin and five copies of your thesis at least 4 weeks prior to your defense date.

Part I

Name of student:.....ID:.....

Title of thesis:.....

.....

I declare that:	YES	NO
1. I have completed all courses as the university's regulation.		
2. I have published, or have my paper accepted for publication (see attached).		
2. The thesis research I have undertaken is in line with my research proposal which has been approved by the University.		
3. The thesis has been prepared following the instruction of the School.		

Signature:

Date of Submission:.....

Part II

I confirm that the above thesis embodies the student's own work carried out under my direct supervision. I certify that I have read the thesis and that, in my opinion, it is suitable for defence.

Name:, Supervisor

Signature:.....

Date:

Part III

Approval by the Dean of School:.....

Name:

Signature:.....

Date:



Recommendation for non_IU Committee Members
For master thesis defense

Supervisor's name:

Student's name:

Thesis Title:

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Proposed committee members:

No.	Member	Working address	Specialization
1			
2			
3			
4			
5			
6			

 Name of Supervisor (Signature)

 Date Signed