

Master's Thesis Defense Authorization Form

This form will serve to notify your department and the Dean's Office that your paper has been read and approved by your advisor and reader(s) and has been successfully defended. The form must be signed by your Thesis Advisor *prior* to submission to the department. The completed form should be submitted to the Dean's Office before beginning the submission process for the Mugar Memorial Library.

Name: _____
(Last Name) (First Name) (Middle Name)

BU ID: _____ **Email:** _____ **Phone:** _____

Address: _____
(Street) (City) (State Abbrev.) (Zip Code)

Current Degree Program: _____
(Department) (Concentration)

Proposed Graduation Month and Year: September January May _____
Year

Thesis Title: _____

Approval Signatures:

Faculty: In signing this form you affirm that this student has successfully completed a written and defended a contribution of original work to the field and has completed all the requirements for the master's thesis.

Thesis Advisor Name: _____ **Phone:** _____
(please print)

Advisor Signature: _____ **Email:** _____
(If approved)

Reader 1: _____ **Phone:** _____ **Email:** _____

Reader 2: _____ **Phone:** _____ **Email:** _____

Reader 3: _____ **Phone:** _____ **Email:** _____

For Office Use Only:

Approved By Dept Chair: _____
(Signature) (Date)