



GRADUATE STUDENT THESIS MANUSCRIPT ROUTING SLIP

Name: _____ Degree: _____

	DATE SUBMITTED IN GRADUATE SCHOOL	NAME AND SIGNATURE OF GAC	DATE REVIEWED	REMARKS
1 st Review				
2 nd Review				
3 rd Review				
4 th Review				

Department Head _____

Graduate School Receiving/Reviewing Personnel _____

Approved for Graduate School Dean's Review: _____

Date Signed: _____

* Indicate N/A or NONE for fields not applicable

