## THESIS/ SPECIAL PROJECT COMPLETION FORM

GS-TSP-1 (09/28/18)



FULL NAME (PLEASE PRINT)	SSN/UOG ID#	SSN/UOG ID#	
EMAIL ADDRESS	TELEPHONE NUMBER		
	APPROVED BY		
COMMITTEE CHAIR (PRINT NAME)	SIGNATURE	DATE	
COMMITTEE MEMBER (PRINT NAME)	SIGNATURE	DATE	
COMMITTEE MEMBER (PRINT NAME)	SIGNATURE	DATE	
COMMITTEE MEMBER (PRINT NAME)	SIGNATURE	DATE	
COLLEGE/ SCHOOL ACADEMIC DEAN (PRINT NAME)	SIGNATURE	DATE	

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# THESIS/ SPECIAL PROJECT COMPLETION FORM

GS-TSP-1 (09/28/18)

## UNIVERSITY OF GUAM UNIBETSEDĂT GUAHAN

#### **Graduate Admissions Office**

FULL NAME (PLEASE PRINT)	SSN/UOG ID#
EMAIL ADDRESS	TELEPHONE NUMBER

#### **APPROVED BY**

COMMITTEE CHAIR (PRINT NAME)	SIGNATURE	DATE
COMMITTEE MEMBER (PRINT NAME)	SIGNATURE	DATE
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