



University of Colorado Colorado Springs

Kraemer Family Library

Electronic Thesis/Dissertation Signature and Agreement Form

Last Name _____ First Name _____ Middle Name _____ Suffix _____

Student ID # _____ College/Department _____

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Date of Defense _____ Degree _____ Date Degree will be conferred: _____

Thesis/Dissertation Title:

Review and Acceptance: The final copy of the above-mentioned thesis/dissertation has been reviewed and accepted by the student's thesis/dissertation committee.

Signatures	Printed Name	Date Signed
_____ (Committee Chair)	_____	_____
_____ (Committee Member or Co-Chair)	_____	_____
_____ (Committee Member)	_____	_____
_____ (Committee Member)	_____	_____
_____ (Committee Member)	_____	_____

