



COLLEGE *of*
CHARLESTON

GRADUATE SCHOOL
UNIVERSITY OF CHARLESTON, S.C.

THESIS RELEASE

Student Name: _____

CWID: _____

Program (Degree and major): _____

THESIS DEFENSE

Thesis successfully defended on: _____

Date Thesis released to student to make changes: _____

Thesis Director: _____

REQUIRED CHANGES TO THESIS COMPLETED

Changes to thesis have been successfully completed and accepted by the thesis committee.

Signature of Thesis Director: _____

Date: _____

Student Signature: _____

Date: _____