

COLLEGE *of* CHARLESTON

THE GRADUATE SCHOOL

THESIS RELEASE

Student Name _____

SSN _____

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

REQUIRED CHANGES TO THESIS COMPLETED

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

Date _____

Signature of Thesis Director _____

Student Signature _____

Date _____