GRADUATE STUDIES

Authorization for Departmental Support Services to charge the Library for one (1) copy of the following Master of Science thesis:
Date:
Last Name: First Name:
Departmen t:
Thesis Title:
Supervisor Authorization
I certify that the above thesis was completed and accepted by the Department of
as partial requirement for the degree of Master of Science.
Signature: Date:
To be completed by Support Services
One copy to be purchased by the Ralph Pickard Bell Library. Cost to equal charges for photocopying and binding.
AMOUNT: