

THESIS REVISIONS REQUIREMENTS

Dept. of Electrical and
Computer Engineering

Submit the completed form to the ECE Graduate Studies Office (room ECE 242).

Name:		
Student ID:	Home Phone:	Office Phone:
Address & Zip Code:		
ECE E-Mail Account:	@ece.arizona.edu	
Faculty Advisor:		

Examination Date: _____

The approval of the final thesis will be by the ____ Faculty Advisor ____ whole committee.

Thesis revisions must be approved no later than one year after the date of the examination. Continuous enrollment is required by the Graduate College after the thesis defense if the requirements are not met within the same semester as the thesis defense.

The following revisions must be completed no later than _____
(This form is not needed if there are no required revisions.)

Committee Signatures:

I have reviewed this list of revisions and understand that completion of these revisions is required before final approval of the thesis.

Candidate Signature: _____

Approval of the final thesis (by the Faculty Advisor or the whole committee) after satisfactory completion of the required revisions:

Faculty Advisor Approval: _____ Date: _____

Committee Member Approval: _____ Date: _____

Committee Member Approval: _____ Date: _____