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Thesis Formatting Templates

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**REQUIRED FORMS**

TITLE PAGE

SIGNATURE PAGE

*REMOVE or REPLACE ALL RED TEXT AND REMINDER BOXES BEFORE PRINTING FORMS!*

UNIVERSITY OF WISCONSIN-LA CROSSE

Graduate Studies

TITLE IS UPPERCASE AND CENTERED AND IF A SECOND LINE, IT IS

DOUBLE-SPACED IN REVERSE PYRAMID FORM

A [Manuscript or Chapter] Style Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of [Insert Title]

Student’s Name

College of [College Name]

[Clinical Area/Concentration, if applicable]

Month (May, August, or December), Year

TITLE IS UPPERCASE AND CENTERED AND IF A SECOND LINE, IT IS DOUBLE-SPACED IN REVERSE PYRAMID FORM

1 inch top and right margins

The text boxes are guidelines; delete all of these before printing!

1 ½ inch left margin

By Student Name

We recommend acceptance of this thesis in partial fulfillment of the candidate's requirements for the degree of [Insert Degree and Specialty Area]

Use the official degree title

The candidate has completed the oral defense of the thesis.

Hardy Bellflinger, Ph.D. Date

Thesis Committee Chairperson

Windy Meadows, M.D. Date

Thesis Committee Member

Double-check for spelling accuracy of people’s names and titles

Marty Mambo, M.F.A. Date

Thesis Committee Member

Add additional names of committee members as needed

Thesis accepted

Meredith Thomsen, Ph.D. Date

Director of Graduate Studies

1 inch bottom margin

THESE ARE **OPTIONAL** FORMS ONLY…GRADUATE PROGRAMS MAY REQUIRE THEIR OWN SPECIFIC FORM…. CHECK WITH YOUR THESIS ADVISOR AND/OR PROGRAM

**OPTIONAL FORMS**

THESIS COMMITTEE ASSIGNMENT FORM

THESIS PROPOSAL APPROVAL FORM

THESIS PRESENTATION NOTIFICATION

THESIS COMMITTEE ASSIGNMENT FORM

Student’s Name Student ID Number

Graduate Program Phone

Current Mailing Address City State Zip

Tentative Thesis Title:

The following individuals have agreed to participate as members of my thesis committee:

Signature of Thesis Chairperson Department Date

Signature of Committee Member Department Date

Signature of Committee Member Department Date

Signature of Committee Member Department Date

Graduate Program Director Department Date

NOTE: Faculty members serving on the Thesis Committee must hold graduate faculty status at UW-L

UNIVERSITY OF WISCONSIN – LA CROSSE

College of [fill in College Name]

[Fill in: Department of \_\_\_\_\_\_\_or Program]

THESIS PROPOSAL APPROVAL FORM

Student’s Name

Thesis topic:

Proposed protocol:

Thesis topic and protocol accepted

Thesis Chair Date

Thesis Committee Member Date

Thesis Committee Member Date

Thesis Committee Member Date

UNIVERSITY OF WISCONSIN – LA CROSSE

College of [fill in College Name]

[Fill in: Department of \_\_\_\_\_\_\_or Program]

THESIS PRESENTATION NOTIFICATION

Student’s Name ID Number

Department

Thesis title:

Defense Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thesis Advisor’s Name

E-mail: Office of Graduate Studies (gradstudies@uwlax.edu)

E-mail: Program Director