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

APPENDIX A

COMMITTEE ASSIGNMENT FORM

THESIS PROPOSAL APPROVAL FORM

THESIS PRESENTATION NOTIFICATION
THESIS COMMITTEE REQUEST FORM

<table>
<thead>
<tr>
<th>Student’s Name</th>
<th>Student ID Number</th>
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<tbody>
<tr>
<td>Graduate Program</td>
<td>Phone</td>
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<tr>
<td>Current Mailing Address</td>
<td>City</td>
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<tr>
<td>Tentative Thesis Title:</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Signature of Thesis Chairperson</th>
<th>Department</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Signature of Committee Member</td>
<td>Department</td>
<td>Date</td>
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<tr>
<td>Signature of Committee Member</td>
<td>Department</td>
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</tr>
<tr>
<td>Signature of Committee Member</td>
<td>Department</td>
<td>Date</td>
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</tbody>
</table>

Graduate Program Director

Department | Date

NOTE: Faculty member 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 Chair

_________________________________________________________________
Thesis Committee Member

_________________________________________________________________
Thesis Committee Member

_________________________________________________________________
Thesis Committee Member

_________________________________________________________________
Thesis Committee Member
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

Submit oral defenses to the University Events Calendar on UW-La Crosse Campus Calendar Web site at http://mastercalendar.uwlax.edu/MasterCalendar/default.aspx

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

E-mail: Program Director


ALL FORMS IN APPENDIX B ARE REQUIRED BY THE OFFICE OF GRADUATE STUDIES

APPENDIX B

TITLE PAGE

SIGNATURE PAGE

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

The candidate has completed the oral defense of the thesis.

Hardy Bellflinger, Ph.D.  
Thesis Committee Chairperson

Windy Meadows, M.D.  
Thesis Committee Member

Marty Mambo, M.F.A.  
Thesis Committee Member

NOTE: Additional names of committee members may be added, as needed.

Thesis accepted

Steven Simpson, Ph.D.  
Graduate Studies Director
REVISION COMMUNICATION RECORD FORM

NOTE: THIS FORM MUST BE COMPLETED AND SUBMITTED BY THE STUDENT WHEN A THESIS (OR OTHER CULMINATING PROJECT REPORT) IS SUBMITTED TO THE OFFICE OF UNIVERSITY GRADUATE STUDIES FOR EDITING AND APPROVAL

Student’s Name:  
Home Phone:  
Complete Local Address:  
Work/Temporary Phone:  
City, State Zip:  
E-mail:  
Academic Department:  
Graduate Program:  
Title of Thesis/Project:  
Thesis/Project Chair:  

1. Did you receive a Graduate Student Research, Service and Education Leadership Grant?  
   _____ yes   _____ no   (if yes, see question 2)

2. If yes, have you submitted the Final Report?   _____yes   _____no  
   ***if the answer is no, a final report must be submitted at least two weeks prior to graduation, otherwise graduation may be delayed.

For editor use only.

This thesis has been reviewed and conforms to the guidelines of the __________________________
________________________ program within the College of __________________________
and University Thesis Guidelines. ____________________________________________  
Editor  
Date

For Office of Graduate Studies use only.

Date sent to the editor  _____________  Date received from the editor  _____________
Date memorandum sent to the student  _____________
Date grant report received (if applicable)  _____________
*REQUIRED FOR BINDING*

**APPENDIX C**

Binding Form

Mailing Form

Both forms available at: [http://www.uwlax.edu/Graduate/binding.htm](http://www.uwlax.edu/Graduate/binding.htm)
UNIVERSITY OF WISCONSIN-LA CROSSE
OFFICE OF UNIVERSITY GRADUATE STUDIES

THESIS BINDING FORM

Complete one copy of this form for each thesis to be bound and tape a form to each manila envelope containing a single copy of your document.

Total number of copies submitted for binding:  

Original document enclosed in this envelope  

OR

Copy of document enclosed in this envelope  

Printing on Spine (exact and complete thesis title):  

___________________________________________________________________________  

___________________________________________________________________________  

___________________________________________________________________________  

BY

Student’s Name  
(First)  (Initial, if used)  (Last)  

Graduation Month  
(December, May, or August)  Year  

Signature of Student  
Date  

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OFFICE OF UNIVERSITY GRADUATE STUDIES
MAILING FORM FOR BOUND THESIS COPIES

Student’s Name: ________________________________
Last                           First              Middle Initial

Permanent Mailing Address: _____________________________________________________________
Number and Street

City                           State                 Zip                 Phone

College of: ___________________ Department/Program: _______________________________

Month and Year of Graduation: ________________________________

Thesis Director/Chair: ___________________________ Department: ___________

Title of Thesis: _____________________________________________

DISTRIBUTION OF COPIES: (1 Original and 1 electronic copy to Murphy Library; 1 copy to Thesis Advisor; other copies as required or requested).

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<th>Name</th>
<th>Number of Copies</th>
<th>Address, City, State, Zip and Phone</th>
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Business Office Receipt Number: ________________ Date: ____________
(Attach a copy of the receipt)

Signature of Student ___________________________ Date ___/___/____

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