



Form 3: Thesis/Project/Dissertation and Degree Requirements Completion (For Graduate Degrees)

Office of the Registrar / 200 West Kawili St. Hilo, HI 96720-4091 / Student Services Center, First Floor Rm E-101 / Phone: (808) 932-7447 / Fax: (808) 932-7448 / E-mail: uhhro@hawaii.edu

SECTION I: Student Information

Name: \_\_\_\_\_ UH Username: \_\_\_\_\_@hawaii.edu
Graduate Program: \_\_\_\_\_ Plan: Thesis Non-Thesis
Thesis/Project/Dissertation Title: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SECTION II: Committee Signatures

Primary Advisor's name: \_\_\_\_\_
Primary Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_
Committee Member: \_\_\_\_\_
Committee Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_
Committee Member: \_\_\_\_\_
Committee Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_
Committee Member: \_\_\_\_\_
Committee Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_
Committee Member: \_\_\_\_\_
Committee Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PhD Signatures:
Outside Member
Name: \_\_\_\_\_
Signature Date

SECTION III: Obtain Approving Signatures

Library: Submission of Thesis/Dissertation to Library w/appropriate fees: (Thesis Only)
Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_
Graduate Program Chair:
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SUBMIT COMPLETED FORM TO THE GRADUATE DIVISION

SECTION IV: Graduate Division Approving Signatures

Graduate Council Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_
Vice Chancellor for Academic Affairs Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR GRADUATE DIVISION OFFICE USE ONLY: SPACMNT STAR Program
FOR REGISTRAR OFFICE USE ONLY: SHADMQ SHAINST SHATCMT SHADEGR STAR MOVE STAR NOTE