



Medical College of Wisconsin GRADUATE SCHOOL OF BIOMEDICAL SCIENCES

Master of Science Thesis Final Degree Checklist

CANDIDATE NAME: _____
LAST
FIRST
MIDDLE

*Make appointment with Director of Enrollment or designee

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|---|--|
| <p>At the THESIS / DEFENSE obtain Signatures:</p> <p>* _____ Confidential Report on the Thesis / Defense</p> <p>* _____ Confidential Report on the Paper (Non-Thesis)</p> <p>* _____ Signature Page
 (Be sure to create your own. Your Mentor will retain and submit this to Grad School when all degree Requirements are met)</p> <p>_____ Application for the Master's Degree</p> <p>_____ 1 copy of final thesis</p> <p>_____ 1 copy of final thesis on CD (PDF)</p> | <p><u>THESIS</u></p> <p>_____ turn in Binding form with
 - all copies of your THESIS on 20# paper 8 1/2 x 11"
 - signature of program administrator
 - payment if applicable</p> <p>_____ Provide extra paper = # of thesis copies above to reproduce the Signature page. The Dean's Signature will be obtained for you</p> <p>_____ Turn in all forms from the defense</p> <p>_____ THESIS option turn in (1) copy</p> <p><u>PROJECT OR PAPER</u></p> <p>_____ PROJECT or PAPER , turn in (1) copy</p> <p><u>EVERYONE</u></p> <p>_____ Obtain signature from the librarian to indicate no money owed</p> <p>_____ Pay graduation and thesis fee (\$50.00), emergency loans, etc. to the Bursar, Jean Sunby, and obtain signature</p> <p>_____ Complete an insurance form to end or extend coverage, if applicable</p> <p>_____ Fill out "Post Graduate Student Information Form" to provide a forwarding address, telephone number, email address, and future job details</p> <p>_____ Turn in your MCW ID card</p> |
| <p>*mentor will submit forms</p> | |