Thesis Format
Waiver Request

Student Name: ____________________________________
G-Number: _______________________
Program: _______________________________________

I am requesting a waiver of the following format requirements for my thesis or scholarly work:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

I am requesting this waiver because:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

_________________________________  ______________________  ______
Student                           Thesis Advisor                  Date

_________________________________  ____  ___ Approved
Graduate Dean                    Date                         ___ Not Approved

This approval must be granted at least 20 days before the end of the semester in which the student is scheduled to graduate.

rev: 11/2010