



Office of the University Registrar
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 (501) 526-5600
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All thesis/comprehensive exam approval forms must be sent to the Office of the University Registrar no later than two weeks prior to the graduation date of the student. Email the form to registrar@uams.edu or fax the form to 501-526-3220. Graduation dates are available on the [five-year calendar](#).

Student Name [Click here to enter text.](#)

Student ID Number: [Click here to enter text.](#)

Academic Plan (ex. DH-BS): [Click here to enter text.](#) College: [Click here to enter text.](#)

Fill out fields directly below based on whether you are completing this form for thesis or comprehensive exam approval.

Thesis Title: [Click here to enter text.](#)

Thesis Completion Date: [Click here to enter text.](#)

Comprehensive Exam Date: [Click here to enter text.](#)

Required Thesis Committee/Comprehensive Exam Approval

By signing below, as thesis committee chair or program director, I am notifying the Office of the University Registrar that the aforementioned student has satisfactorily completed all necessary requirements of the thesis or passed the required comprehensive exam. The thesis/comprehensive exam was accepted as fulfilling part of the degree requirements for the stated degree above.

Committee Chair (print name)	Committee Chair (signature)	Date
Dean or Associate Dean (print name)	Dean or Associate Dean (signature)	Date