



UNIVERSITY
of HAWAI'I®
MĀNOA

Master's Plan A – Thesis Submission (Form IV)

Part I. To be completed by the student

Name _____ UH ID No. _____
LAST, FIRST, M.I.

Graduate Program _____ Degree Objective _____
INCLUDE SPECIALIZATION IF APPLICABLE.

I certify that I have read and understand the policies and instructions for this form.

Signature of Student _____ Date _____

Obtain signatures from the thesis committee:

We certify that we have read and understand the policies and instructions for this form. We hereby approve both the content and the form of this thesis.

Name (Print or Type)	Signature	Date
Chair		
Member		
Member		
Member		

GRADUATE DIVISION ACTION

Approved Not Approved By _____ Date _____

Remarks

C: Graduate Program