VirginiaTech
Graduate School

THESIS AND DISSERTATION APPROVAL FORM

Students submitting a thesis or dissertation must do so electronically. Complete instructions are located on the Electronic Thesis and Dissertation (ETD) website, *http://etd.vt.edu*. This form is required to initiate the review and approval by the Graduate School. This is the final step leading to review of your record for degree conferral.

FOR OFFICE USE ONLY

PERSONAL INFO

LAST/FAMILY NAME _____ FIRST/GIVEN NAME _____ MIDDLE NAME _____ SUFFIX _____

Student ID Number: _____

Date of Birth: _____ month/day/year

E-mail Address: _____ *@vt.edu* account, preferred

Daytime Phone: _____ ☐ Home ☐ Office ☐ Mobile

Local Address

_____

_____

_____

_____ city state zip country

Citizenship

☐ U.S. CITIZEN ☐ PERMANENT RESIDENT ☐ NON-RESIDENT ALIEN*

**If non-resident alien, please list your visa status:* _____

Current Program

_____

Degree Level

☐ DOCTORAL
☐ MASTERS

First Term of Enrollment

☐ FALL ☐ SPRING ☐ SUMMER I ☐ SUMMER II _____ year

Anticipated Completion Term

☐ FALL ☐ SPRING ☐ SUMMER I ☐ SUMMER II _____ year

Campus

☐ BLACKSBURG ☐ HAMPTON ROADS ☐ NATIONAL CAPITAL REGION ☐ RICHMOND
☐ ROANOKE ☐ SOUTHWEST VIRGINIA

Date of Defense: _____

Date of ETD Submission: _____

Document Title:

SIGNATURES

Review and Acceptance - Required (Original) Signatures

The final thesis/dissertation has been reviewed and accepted by the Committee Chairperson and the Advisory Committee.

ACTION CODE **Committee Members, please indicate your approval of this student's thesis/dissertation by selecting one of the following codes before your signature: A: Approved, D: Disapproved.**

☐ A ☐ D	COMMITTEE MEMBER signature	printed name	e-mail (*@vt.edu*, preferred)	date
☐ A ☐ D	COMMITTEE MEMBER signature	printed name	e-mail (*@vt.edu*, preferred)	date
☐ A ☐ D	COMMITTEE MEMBER signature	printed name	e-mail (*@vt.edu*, preferred)	date
☐ A ☐ D	COMMITTEE MEMBER signature	printed name	e-mail (*@vt.edu*, preferred)	date
☐ A ☐ D	COMMITTEE CHAIRPERSON signature	printed name	e-mail (*@vt.edu*, preferred)	date
☐ A ☐ D	COMMITTEE CO-CHAIRPERSON signature	printed name	e-mail (*@vt.edu*, preferred)	date
☐ A ☐ D	DEPARTMENT HEAD signature or authorized GRADUATE PROGRAM DIRECTOR	printed name	e-mail (*@vt.edu*, preferred)	date

Questions? Call 540/231-8636 or e-mail *gradappl@vt.edu* for assistance.

THESIS AND DISSERTATION APPROVAL FORM, continued

ACCESS PROXY STUDENT AGREEMENT

Student and Committee Agreement

PART A.
My advisory committee and I agree that the above-mentioned document be placed in the ETD archive with the following status: (choose one)

☐ **Option 1.** Provide open and immediate access to the ETD.

☐ **Option 2.** Restrict access to the ETD for Virginia Tech only for a period of 1 year.

☐ **Option 3.** Withhold access to the ETD for 1 year for: ☐ Patent ☐ Security ☐ Other:_____

PART B. (OPTIONAL)
For any release other than option 1, the Graduate School requests that you name a proxy to cover cases such as if the student or committee signing this form becomes inaccessible. Any of the following people (indicated by their names) is authorized to serve as proxy for changes in availability. Submissions by any of these proxies signing are officially recognized just as if the student and full committee signed. For example, it is suggested that the committee chair be a proxy.

Printed name of proxy: _____

Printed name of proxy: _____

Student Agreement

I hereby certify that, if appropriate, I have obtained and submitted with my ETD a written permission statement from the owner(s) of each third party copyrighted matter to be included in my thesis or dissertation, allowing distribution as specified above. I certify that the version I submitted is the same as that approved by my advisory committee. INITIALS

I hereby grant to Virginia Tech and its agents the non-exclusive license to archive and make accessible, under the conditions specified above, my thesis or dissertation now or hereafter known. I retain all ownership rights to the copyright of the thesis or dissertation. I also retain the right to use in future works (such as articles or books) all or part of this thesis or dissertation. INITIALS

STUDENT SIGNATURE date

Return your completed form to:
Graduate School
Graduate Life Center
at Donaldson Brown
Virginia Tech (0325)
Blacksburg, VA 24061
Fax: 540/231-2039

DEPARTMENT CONTACT (GRADUATE STAFF COORDINATOR) signature date

GRADUATE SCHOOL signature date

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