



MASTER'S THESIS/SPECIALIST PROJECT  
CHECK-IN FORM

Name \_\_\_\_\_ Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Local Address \_\_\_\_\_

Email \_\_\_\_\_ 2nd Email \_\_\_\_\_

Department \_\_\_\_\_ Graduation Month/Year \_\_\_\_\_

Committee Chairperson \_\_\_\_\_

List five key words to describe your thesis or project for indexing and database purposes:

\_\_\_\_\_  
\_\_\_\_\_

**Indicate whether this document is a:**

\_\_\_\_\_ Master's thesis or a \_\_\_\_\_ Specialist project

**Submit the following items:**

The correctly formatted **thesis** or **project** should be submitted electronically in **one PDF file** via email to [jennifer.holm@wmich.edu](mailto:jennifer.holm@wmich.edu). The materials listed below should be submitted separately with a copy of this check-in form.

Two signed, **original** (not photocopied) **approval forms** with **original signatures** of your committee.

Completed and signed **WMU ScholarWorks Thesis** or **Specialist Project Access Agreement** found on the Waldo Library website:

[http://libguides.wmich.edu/scholarworks/scholarworks\\_permissions](http://libguides.wmich.edu/scholarworks/scholarworks_permissions)

**Note: You must have applied for graduation and received notification of your graduation audit prior to submitting a master's thesis or specialist project to the Graduate College.**

**Please allow a minimum of 4 weeks after the submission deadline for initial review of your thesis/specialist project.**

**Any questions regarding this form should be addressed to the Dissertation Specialist in the Graduate College, at (269) 387-8271.**