



THESIS CORRECTIONS SIGN OFF FORM

Candidate:

Student No:

Thesis Title:

Degree:

College

School

Date:

The above candidate has now completed all necessary corrections/revisions to his/her thesis and a hardbound copy of the thesis is to be submitted to Assessment, UCD Registry in the Tierney Building.

Print Name: _____

Signed: _____
(*Examiner nominated to oversee corrections*)