

## Instructions

- ***This form should be completed after the Student Progress Report Form is submitted.***
- ***This form confirms that the thesis meets the academic graduation standards and is ready to proceed to Thesis Defense.***
- ***Student should complete Sections 1–2.***
- ***Thesis Supervisor should complete Section 3.***
- ***GSU should complete Section 4.***

## Part 1: Student Information

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Program / College: \_\_\_\_\_

Thesis Supervisor: \_\_\_\_\_

Thesis Co-Supervisor(s): \_\_\_\_\_

Thesis Title: \_\_\_\_\_

## Part 2: Student Acknowledgment

I acknowledge the confirmation of the following (please tick all the boxes that apply):

- The thesis is complete and represents my own work
- All supervisor-requested revisions have been incorporated
- All required approvals (e.g., ethics, conflict-of-interest) have been obtained
- The thesis complies with GSU's Preparation, Submission and Assessment Guidelines.
- A similarity report with % score, generated by plagiarism detection software is attached

## Mode of Oral Defense

Please select the preferred mode of oral defense:

<input type="checkbox"/>	<b>Open Defense</b> <i>An oral defense open to students, staff, and other academic members of the University.</i>
<input type="checkbox"/>	<b>Closed Defense</b> <i>An oral defense restricted to the Examination Committee and invited participants only.</i>

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Part 3: Student's Readiness Evaluation by the Thesis Supervisor

**Based on my review:**

- The student is READY to submit the thesis for examination
- The student is NOT READY to submit the thesis

*If "not ready" is selected, provide a summary of key issues to be addressed. Additional pages may be attached if required.*

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**Similarity Report**

- Reviewed and satisfactory  Reviewed and NOT satisfactory (revision required).

*If "Reviewed and NOT satisfactory" is selected, provide a summary of key issues to be addressed.*

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Supervisor Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**College Approval**

\_\_\_\_\_  
Name of Dean / Assistant Dean, Research & GS

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Part 4: GSU Use Only**

- College informed to initiate formation of the Thesis Examination Committee; Date (DD/MM/YYYY):

\_\_\_\_\_

- Examination Committee nomination received  Yes  No; follow-up required

- Thesis Submission recorded in GSU records; Date (DD/MM/YYYY): \_\_\_\_\_