## Thesis Ready to Submit Form

| Student Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ID #:                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| MA/MSc Program:<br>#5094)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (Thesis #5095) (Research Project |
| Title:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  |
| <u>Part II</u><br>I have completed my thesis, in partial fulfillment of my degree, and am ready to submit. All work to be<br>submitted is honestly obtained and is my own.                                                                                                                                                                                                                                                                                                                                                                |                                  |
| Student's Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Date:                            |
| Part III – Declaration of Second Reader<br>Second readers should be AUP faculty members who are on a permanent contract. They must have the<br>status of <i>enseignant chercheur</i> . In exceptional circumstances, students may apply for an external second<br>reader. In such cases, the CV of the potential external reader must be attached to this document, along<br>with a 500-word explanation from the student explaining his or her choice. Academic Affairs reserves the<br>right to deny an external second reader request. |                                  |
| Second Reader's Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                  |
| I have read the conflict of interest article in the <u>thesis policy</u> , and acknowledge that any conflict of interest between the thesis candidate and myself must be declared below.                                                                                                                                                                                                                                                                                                                                                  |                                  |
| Potential Conflict of Interest (If applicable):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  |
| Second Reader's Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date:                            |
| Thesis Advisor's Name/Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Date                             |
| Graduate Program Director's Name/Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date                             |
| Once this form is completed and all above signatures are obtained, it must be submitted to the Graduate Program Office, office LM-106, graduateprograms@aup.edu for the approval.                                                                                                                                                                                                                                                                                                                                                         |                                  |
| Associate Dean for Graduate Studies /Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Date                             |

**THE AMERICAN UNIVERSITY 55** *of* **PARIS YEARS** 

<u>Part I</u>