



Form 4

**CONFIDENTIAL**

This form should be transmitted to the Associate Dean, Room 135 St. John Hall, by each reader. **It should not be given to the student.**

**PROFESSOR'S REPORT TO THE DEAN ON READER'S COPY**

Please note that it is necessary for each Reader to report to the Dean, in writing, the result of his/her findings

Reader: \_\_\_\_\_ Department: \_\_\_\_\_

Candidate's Name: \_\_\_\_\_

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

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Check appropriate line:

\_\_\_\_\_ I have read and approved this reader's copy.

\_\_\_\_\_ I have read but do not approve this reader's copy.

Comments: \_\_\_\_\_

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Comments: \_\_\_\_\_

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Signature or Reader \_\_\_\_\_ Date \_\_\_\_\_