

Date: \_\_\_\_\_

## Thesis/Dissertation Approval

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Student Name:	<input type="text"/>	Student Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Degree, Program	<input type="text"/>	Graduation Term	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Thesis Title	<input type="text"/>		

Is your thesis advisor serving on your committee?  Yes  No

**Required Signatures for Approval of the Thesis/Dissertation** (Please type faculty names first then last, with no degrees or titles.)

The final copy of this thesis/dissertation has been examined by the undersigned and we find that both the content and form meet scholarly and presentation standards of work in the program listed above. We approve its publication.

Name	Signature	Approve	Date
Committee Chair	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
Thesis Advisor	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
Thesis Co-Advisor (If Applicable)	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
Committee Member	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
Committee Member	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
Committee Member	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
Committee Member	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
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