

THESIS APPROVAL FORM

Student Name: _____ I.D. #: _____

Thesis Title: _____

Program: _____

Department: _____

School: _____

The undersigned certify that they have examined the final electronic copy of this thesis and approved it in Partial Fulfillment of the requirements for the degree of:

_____ in the major of _____

Thesis Advisor's Name: _____

Signature: _____ Date: / /
Day Month Year

Committee Member's Name: _____

Signature: _____ Date: / /
Day Month Year

Committee Member's Name: _____

Signature: _____ Date: / /
Day Month Year