

Date:

Thesis/Dissertation Approval

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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			○Yes ○No	
Thesis Advisor			⊖Yes ⊖No	
Thesis Co-Advisor (If Applicable)			○ Yes ○No	
Committee Member			○ Yes ○No	
Committee Member			○Yes ○No	
Committee Member			⊖Yes ⊖No	
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