



Thesis / Dissertation Approval Form

Section A – To be completed by student

STUDENT INFORMATION

Student Name: _____ Student ID: _____

Degree: _____ Major: _____ Concentration: _____

I request that the following members of the Graduate Faculty be appointed to evaluate my master's thesis or doctoral dissertation:

Major Professor: _____ (Signature) (Date)

Other Committee Members: _____ (Signature) (Date)

_____ (Signature) (Date)

Section B – To be completed by Graduate Faculty Committee

COMMITTEE REPORT ON THESIS / DISSERTATION:

Approved

Disapproved

Date of Defense: _____

Approval of Recognized Major Professor and Committee Members

Major Professor: _____ Date of Approval: _____

Department Chair: _____ Date of Approval: _____

Comments: _____
