

To: Dr. Saundra F. DeLauder, Dean, School of Graduate Studies and Research

The members of the Committee approved the Thesis of _____
Candidate's Name
as presented on _____ .
Date

We recommend that it be accepted in partial fulfillment of the requirements for the degree
_____ in _____
Degree Name Major/Program Name

_____ Department _____ Date _____
Advisor

_____ Department _____ Date _____
Member

_____ Department _____ Date _____
Member

_____ Affiliation _____ Date _____
External Member

Approved

_____ Department _____ Date _____
Department Chairperson or Designee

_____ College _____ Date _____
Academic Dean or Designee

_____ Date _____
Dean, School of Graduate Studies & Research or Designee