



THESIS APPROVAL

Date of Approval

I hereby recommend that the thesis prepared under my supervision by

Student Name

Dawg Tag #

Titled

be accepted in partial fulfillment of the requirements for the

Master of _____ Degree in _____
Arts - Science - Fine Arts, etc. *Major*

This thesis meets research compliance in the areas of:

IRB No.

IACUC No.

Not Applicable

In Charge of Thesis (Committee Chair)

School Director or Academic Dean

Committee for the Final Examination

PASS		Recommendation concurred in	
Yes	No	Name	Signature

FOR GRADUATE SCHOOL USE ONLY

All Required Forms Submitted

Thesis Format Approved

Graduate School Signature