

**THESIS APPROVAL**

\_\_\_\_\_  
*Date of Approval*

I hereby recommend that the thesis prepared under my supervision by

\_\_\_\_\_  
*Student Name*

\_\_\_\_\_  
*Dawg Tag #*

Entitled

be accepted in partial fulfillment of the requirements for the

Master of \_\_\_\_\_  
*Arts - Science - Fine Arts, etc.*

Degree in \_\_\_\_\_  
*Major*

\_\_\_\_\_  
*In Charge of Thesis (Committee Chair)*

\_\_\_\_\_  
*Program Administrator*

Committee for the Final Examination

Recommendation concurred in

Name

Signature

\_\_\_\_\_  
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For Graduate School Office Use Only

Graduate Faculty Committee Approved

Thesis Formatting Approved

Date Approved \_\_\_\_\_

Research Compliance NA

IRB

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