**Thesis Approval Form**

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_

This form is to certify that the thesis:

*Title of Thesis*

By:

*Name of student*

Has been reviewed and approved by the thesis committee.

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Thesis Advisor

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Thesis Committee Member

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Thesis Committee Member

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Dean of the Graduate School