## THESIS APPROVAL FORM

Name:	Empl ID#		
Address <b>after</b> graduation:	Street and Apartment No.	City, State, Zip Code	
	Preferred E-Mail	Telephone	
A candidate for the degree has satisfactorily complete	e of Master ofed a thesis* entitled:		
This work has been appro	ved by the Graduate Program in		
Departmenta stamp	Graduate Advisor:		
	Signature		
Date	Printed Name		
Accepted in fulfillment of t	he thesis requirement for Month/Year		
Date	Signature Dean, School of Arts	Signature Dean, School of Arts and Sciences	

<sup>\*</sup>If the work submitted is not a thesis, please cross out "thesis" and substitute the appropriate equivalent.