Final Approval of Project/Thesis

Submitted By:

Printed Name	Signature	ID Number	Date

For the Master of Science in: _____

Project or Thesis: _____

The following individuals have read this Thesis/Project and agree that it fulfills the requirements for a Master of Science degree.

Graduate Advisor:

Printed Name	Signature	Date

Committee Member(s):

Printed Name	Signature	Date
Printed Name	Signature	Date
Printed Name	Signature	Date

Department Chair:

Printed Name	Signature	Date

Thesis Editor (Optional for Project)**:**

Printed Name	Signature	Date

Provost (Optional for Project)**:**

Printed Name	Signature	Date