FINAL THESIS APPROVAL FORM

Campus: _____________________________ Major/Program: ________________________________

Last Name: _______________________________ First Name: ________________________________

Phone Number: ____________________________ Email Address: ______________________________

Term/Year: _______________________________ Fall: _____ Spring: _____ Summer: _____

Author: ______________________________________________________________________________

Title: ________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Signature of Advisor(s): _______________________________________________ Date: _____________

Signature of Advisor(s): _______________________________________________ Date: _____________

Signature of Advisor(s): _______________________________________________ Date: _____________

Signature of Program Director: _________________________________________ Date: _____________

Signature of Campus Librarian: _________________________________________ Date: _____________

ALL SIGNATURES MUST BE OBTAINED BEFORE YOUR THESIS WILL BE CONSIDERED ACCEPTED.

PLEASE RETURN FORM TO YOUR PROGRAM DIRECTOR.