

Faculty Acceptance of Master's

Name of Candidate: _____

Thesis Title: _____

The final form of the master's document is accepted.

_____	_____	_____
Chairperson (Print Name)	Signature	Date

_____	_____	_____
Member (Print Name)	Signature	Date

_____	_____	_____
<i>Optional</i> Member (Print Name)	Signature	Date

Please return this form to Graduate Coordinator when it is completed.