

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.