

**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.

