

THESIS/DISSERTATION APPROVAL FORM (rev. 06/28/2016)



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NAME		STUDENT ID
EMAIL		TELEPHONE NUMBER
DEGREE (M.S., M.A., PhD etc.)	MAJOR (English, Physics, Geology, etc.)	CONCENTRATION (Biological Oceanography, Electrical Engineering, etc.)

IRB/IACUC #, if applicable:	Embargo Requested? Yes No (If yes, for how long?) <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <i>(If yes, you MUST submit a signed physical copy of the Publishing Agreement with the Embargo section completed)</i>
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THESIS/DISSERTATION TITLE (This title must match the title on your Title Page)

Student Signature: _____ **Date:** _____

THESIS/DISSERTATION APPROVAL (DO NOT UPLOAD YOUR THESIS UNTIL ALL SIGNATURES BUT THE GRADUATE SCHOOL DEAN HAVE BEEN OBTAINED)

To the best of our knowledge, we, the undersigned, affirm that all recommended changes have been made to the thesis/dissertation and if applicable, all classified, confidential, and proprietary content has been properly addressed.

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Member Signature _____ Printed Name and Date _____

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Member or Co-chair Signature (Please choose the appropriate option) _____ Printed Name and Date _____

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Committee Chair or Co-chair Signature (Please choose the appropriate option) _____ Printed Name and Date _____

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Department Chair Signature _____ Printed Name and Date _____

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----- THIS SECTION WILL BE COMPLETED BY THE GRADUATE SCHOOL AFTER YOUR THESIS HAS BEEN REVIEWED AND YOU HAVE MADE THE REQUESTED REVISIONS -----

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Graduate School Dean's Signature _____ Printed Name and Date _____

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NOTES: