

CERTIFICATE OF APPROVAL

MASTER'S THESIS

This is to certify that the Master's Thesis of

(Student's Name)

has been approved by the Examining Committee for the thesis
requirement for the Master of Science degree in

(Major, Month and Year of Graduation)

Name: Date
CHAIR, Thesis Committee

Name: Date
Committee Member

Name: Date
Committee Member

Name: Date
Committee Member

Name: Date
Department Chair/program Director

Name: Date
Dean of College/School

Name: Date
Dean of the Graduate School