**APPROVAL FORM FOR THESIS EDITING**

This form is to be completed by the student, signed by ALL committee members, and submitted to the College of Graduate Studies. The Graduate Editor will not edit the thesis without these signatures. The College of Graduate Studies does not provide editorial service; our edits are technical and for style conformity only. Work that has major grammatical, spelling, and/or style problems will be returned to the student.

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Student’s Name LU ID# Dept.

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Style Used Phone # Email

***By signing below, I certify that I have read this preliminary work and approve its submission to the College of Graduate Studies. Although it is subject to changes resulting from the oral defense, I consider its current academic merit to meet the standards of the discipline and the University department. Further, I certify that I have reviewed the work for conformity to an approved style manual (e.g., ACS, APA, MLA, or Chicago) and for grammatical and spelling errors. I understand that the Office of Graduate Studies will assist students in matters relating to style conformity but will return this work to the supervising professor if significant problems are found.***

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**\*Supervising Professor/Committee Chair (Required) Date**

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2nd Committee Member (Preferred) Date

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3rd Committee Member (Preferred) Date

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4th Committee Member (if needed) Date

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5th Committee Member (if needed) Date