

School Representative

DISSERTATION/THESIS/RESEARCH PRACTICUM FINAL APPROVAL

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Date:			
☐ DISSERTATION ☐ UNDERGRADUATE TH	MASTER'S THESIS UNDERGRADUATE RESEARCH PRACTICUM	GRADUATE PRACTICUM	
TITLE:			
Name of Student	Student No.	Student No. Program of Study	
	PROOF OF EDIT		
		r's Signature over Print	ed Name
	FINAL APPROVAL		
Examination Committee	e Printed Name	Si gna ture	Date
Advisor		All a se	
Advisor		Mul	Us TOMS
Panel Member 1		1 1/2	
Panel Member 2			/
Panel Member 3		doff somout	
Panel Member 4			
Course Coordinator/ Research Coordinator/ Department Representative	s/	Juintz	