



**ELECTRONIC THESIS/DISSERTATION
(ETD) FINAL COPY APPROVAL FORM**

Candidate Name _____ **Student ID** _____

- Masters
- Doctoral

Major _____ **Graduation Term** _____

Title of Thesis/Dissertation: (please type)

Committee	Printed Name	Signature	Approve	Disapprove
Chair	_____	_____		
Co-Chair	_____	_____		
Member:	_____	_____		
Member:	_____	_____		
Member:	_____	_____		
Member:	_____	_____		
External Member: <i>(if applicable)</i>	_____	_____		

Graduate School
Approval Date: _____

Please return the completed form, with signatures, to your department. They will submit this to the Graduate School on your behalf.