



**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 |
|-----------|--------------|-----------|---------|------------|
|-----------|--------------|-----------|---------|------------|

Member: _____

Member: _____

Member: _____

Member: _____

External Member: _____
(if applicable)

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.