



**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
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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.**