

THESIS/DISSERTATION APPROVAL FORM (rev. 03/13/2019)



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NAME		STUDENT ID
EMAIL		TELEPHONE NUMBER
DEGREE (M.S., M.A., PhD etc.)	MAJOR (English, Physics, Geology, etc.)	CONCENTRATION (Biological Oceanography, Electrical Engineering, etc.)

IRB/IACUC #, if applicable:	Embargo Requested? Yes No (If yes, for how long?) <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <i>(If yes, you MUST submit a signed physical copy of the Publishing Agreement with the Embargo section completed)</i>
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THESIS/DISSERTATION TITLE (This title must match the title on your Title Page)

Student Signature:

Date:

THESIS/DISSERTATION APPROVAL (DO NOT UPLOAD YOUR THESIS UNTIL ALL SIGNATURES BUT THE GRADUATE SCHOOL DEAN HAVE BEEN OBTAINED)

To the best of our knowledge, we, the undersigned, affirm that all recommended changes have been made to the thesis/dissertation and if applicable, all classified, confidential, and proprietary content has been properly addressed.

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Committee Chair or Co-chair Signature (Please choose the appropriate option)	Printed Name and Date	
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Department Chair Signature	Printed Name and Date	
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NOTES:		