SIGNATURE APPROVAL FORM

(Title of Thesis)

This thesis by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is recommended for approval by the student’s Thesis Committee and Department Head in the Department of

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Committee Chair: Date

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First Reader: Date

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Second Reader (if required): Date

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Department Head: Date

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Dr. Lisa Schade Eckert Date

Dean of Graduate Studies and Research