



## Thesis Approval Form

Candidate's Name: \_\_\_\_\_ Banner ID \_\_\_\_\_

Degree/Program: \_\_\_\_\_

Thesis Title: \_\_\_\_\_

College: \_\_\_\_\_

Department: \_\_\_\_\_

**PART A:** The candidate has successfully defended his/her Thesis.

\_\_\_\_\_  
Committee Chair (*Print name*) Signature Date

\_\_\_\_\_  
Committee Member (*Print name*) Signature Date

\_\_\_\_\_  
Committee Member (*Print name*) Signature Date

\_\_\_\_\_  
Committee Member (*Print name*) – Optional Signature Date

\_\_\_\_\_  
Committee Member (*Print name*) – Optional Signature Date

**PART B:** The content of the Thesis has been evaluated and reviewed to ensure that the Thesis meets or exceeds the standards for the degree, and exemplifies a meaningful contribution to scholarship in its respective field.

\_\_\_\_\_  
Committee Chair (*Print name*) Signature Date

**PART C:** The Thesis satisfies the formatting standards of the Thesis and Dissertation Manual.

\_\_\_\_\_  
Graduate Research Specialist (*Print name*) Signature Date

**PART D:** The submission of the Thesis is approved by the Vice President for Research.

\_\_\_\_\_  
Vice President for Research (*Print name*) Signature Date