

APPROVED TITLE OF THESIS

Name of Student: _____

Signature of Faculty Advisor: _____

My title, **typed** below in its **exact** state, is approved and will not be changed from the original title page submitted for binding. I understand that this information will be printed in the Commencement Program.

It is recommended that you type and print the title and tape it into the section below. This will ensure that the spelling and punctuation are correct.

Full Title

Shortened Title (if applicable)

This form must be submitted to the Office of Graduate Student Services before April 12th, 2019, 4pm