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 13th, 2018, 4pm