APPROVED TITLE OF THESIS

Name of Student: ________________________________

Signature of Faculty Advisor: ________________________________

Faculty may indicate their approval by sending an email to the student “Approved Title of Thesis” or by signing the form and emailing it to the student.

My title, typed below in its exact state, is approved and will not be changed from the original title page of my thesis.

Full Title

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The student must upload this form and emails indicating faculty approval to the Secure Dropbox before April 10th, 2020, 4pm