



GRADUATE THESIS APPROVAL FORM

ACAD-HISTORY-P

Print clearly and use ink (no pencil).The form must be completed in fullDo not leave any fields blank.

StudentRoyal ID	StudentName	
Term(check one) Regular: <input type="checkbox"/> Fall <input type="checkbox"/> Intersession <input type="checkbox"/> Spring <input type="checkbox"/> Summer Special: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Year	Degree Program
6 W X G H Q W ¶ V & R O O H J H <input type="checkbox"/> CAS <input type="checkbox"/> KSOM <input type="checkbox"/> LCHS	Department	

Title of Thesis:

The signatures below signify that the above mentioned thesis, in partial fulfillment of the V W X G H Q W ¶ V U H T X L, has been read and approved by the members of the Thesis Committee.

Return copies of completed form to
Program Department

2 1 1 L R ¶ W K H 5 H J L V W U D U 2 ¶ + D U D 0 † % P @ ; € € ì P O M ê â Y ð A a 9 \$ S D D ð