



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

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