**Thesis Approval Form**



The signatories of the committee below indicate that they have read and approved the thesis of <your full legal name> in partial fulfillment of the requirements for the degree of <Master of XXXX>.

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<name of thesis chair> , Thesis committee chair Date

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<name of member>, Committee member Date

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<name of member>, Committee member Date

Accepted and approved on behalf of the Accepted and approved on behalf of the

<Name of Academic College> Graduate Faculty

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Dean of the College Dean of Graduate Studies

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Date Date

Please send the completed information electronically to: [gradstudies@gvsu.edu](mailto:gradstudies@gvsu.edu)