

Thesis Transmittal Information for the <u>Master's Degree</u> Candidate

Student Information				
Student Name		S	Student ID No.	
Address				
City	State		Zip Code	
Phone (day)	(evening)		Email Address	
Thesis Information				
Department:				
Thosis title				
IRB approval number (if IRB appro	val was required for	this study)		
Date of final defense				
Grade				
	Grade	Pass	Fail 🗍	
		Tuss	7411	
The undersigned approve this t	thesis:			
Committee Chair:			Committee Member:	
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Type or Print Nam	ie		Type or Print Name	
Signature		_	Signature	
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Committee Member:				
Type or Print Nam	ne			
C' t				
Signature				
Thesis Award (to be completed by	the chair)			
Is this a thesis that should be consid	ered for the Outstand	ling Roosevel	t University thesis award? Yes \(\square \) No \(\square \)	
If you checked yes, please attach a s				

For Use by the Office of Graduate Studies				
Approved as is. Approved with the following corrections: Not approved for the reasons below:				
Comments:				
Signature	Date			