



**Approved:**

**FULL NAME**

**SIGNATURE**

**DATE**

\_\_\_\_\_  
Committee Chair/ Co-chair

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Committee Co-chair (optional)

\_\_\_\_\_  
Student's Name

**Approved:**

\_\_\_\_\_  
**Dr. Nina Tissi-Gassoway, Graduate Program Director**

\_\_\_\_\_  
**Date**

**The original form is to be filed with the Office of Academic Affairs (Room W114, Furcolo Hall).**