

Approved:

FULL NAME	SIGNATURE	DATE
_____	_____	_____
Committee Chair/ Co-chair		
_____	_____	_____
Committee Co-chair (optional)		
_____	_____	_____
Student's Name		

Approved:

_____ **Dr. Shane Hammond, Graduate Program Director** _____ **Date**

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