

**EASTERN MICHIGAN UNIVERSITY**  
**Graduate School**  
**MASTER'S THESIS**  
**Document Approval Form**

Student Name \_\_\_\_\_  
\_\_\_\_\_

Program of Study \_\_\_\_\_ ID# E \_\_\_\_\_

Academic Department/School \_\_\_\_\_

College \_\_\_\_\_

**TITLE OF THESIS**

\_\_\_\_\_  
\_\_\_\_\_

**DOCUMENT APPROVAL  
COMMITTEE SIGNATURES**

Thesis Chair \_\_\_\_\_ Date \_\_\_\_\_

Second Reader \_\_\_\_\_ Date \_\_\_\_\_

Graduate Coordinator \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

**ACKNOWLEDGEMENT OF COMPLETED THESIS**

Date \_\_\_\_\_ Administrator \_\_\_\_\_  
(Department Head)

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**GRADUATE SCHOOL**

DOCUMENT HAS BEEN SUBMITTED AND EDITED – DEGREE MAY BE CONFERRED

Date \_\_\_\_\_ Graduate School \_\_\_\_\_

*Signed original goes to Record's student file. Copies/pdf to: Graduate School, Dept. Head, and Graduate Coordinator*

