

FLORIDA AGRICULTURAL AND MECHANICAL UNIVERISTY
SCHOOL OF GRADUATE STUDIES AND RESEARCH

THESIS/DISSERTATION RESEARCH PROJECT
APPROVAL FORM

NAME OF STUDENT _____
LAST FIRST MIDDLE

ID: _____ TELEPHONE _____

ADDRESS: _____
STREET CITY STATE ZIP CODE

DEGREE SOUGHT _____ MAJOR DISCIPLINE _____

TITLE OF THESIS/DISSERTATION RESEARCH PROJECT

TOTAL THESIS/DISSERTATION CREDIT HOURS APPROVED: _____

ESTIMATED SEMESTER AND YEAR OF COMPLETION: _____

COMMITTEE APPROVALS*

CHAIR:

NAME	SIGNATURE	POSITION	DISCIPLINE	DATE
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MEMBERS:

NAME	SIGNATURE	POSITION	DISCIPLINE	DATE
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NAME	SIGNATURE	POSITION	DISCIPLINE	DATE
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NAME	SIGNATURE	POSITION	DISCIPLINE	DATE
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NAME	SIGNATURE	POSITION	DISCIPLINE	DATE
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NAME	SIGNATURE	POSITION	DISCIPLINE	DATE
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NAME	SIGNATURE	POSITION	DISCIPLINE	DATE
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COLLEGE/SCHOOL APPROVAL:

DEAN _____
NAME SIGNATURE COLLEGE/SCHOOL DATE

GRADUATE SCHOOL APPROVAL:

GRADUATE DEAN _____
NAME SIGNATURE DATE

*The Committee must have at least three members for the master's degree and four for the Ph.D. degree and all of them must be members of the graduate faculty at Florida A&M University.