



Final Approval I R U Thesis 3 U R M H F W

Submitted By:

Printed Name Signature ID Number Date

For the Master of Science in: _____

Thesis 3 U R M H F W: _____

The following individuals have read this Thesis/Project and agree that it fulfills the S D U Requirements for a Master of Science degree.

Graduate Advisor:

Printed Name Signature Date

Committee Member(s):

Printed Name Signature Date

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Department Chair:

Printed Name Signature Date

Editor (Optional for Project):

Printed Name Signature Date

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