

STEP 3

**APPROVAL OF THESIS TITLE**

Date \_\_\_\_\_

Student's Name \_\_\_\_\_ T-Number \_\_\_\_\_  
(Please Print)

Major \_\_\_\_\_

Degree Sought \_\_\_\_\_

Thesis Title \_\_\_\_\_  
\_\_\_\_\_

Student Signature \_\_\_\_\_

Email address \_\_\_\_\_

Phone Number \_\_\_\_\_

Approved By:

Thesis Advisor \_\_\_\_\_  
(signature)

Head of Major Department \_\_\_\_\_  
(signature)

Dean, College/School \_\_\_\_\_  
(signature)

Filed in Graduate Office:

Dean, Graduate School \_\_\_\_\_  
(signature)