Approved and recommended for acceptance as a <thesis/research project/dissertation/musical arts document/clinical research project> in partial fulfillment of the requirements for the degree of <Master of Fine Arts/Master of Arts/Master of Science/Educational Specialist/Doctor of Philosophy/Doctor of Psychology/Doctor of Musical Arts/ Doctor of Nursing>.

Special committee directing the <thesis/research project/dissertation/musical art document/clinical research project> work of <your name goes here>

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<Name of advisor> Date

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<Member name> Date

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Academic Unit Head or Designee Date

***(Academic Unit Head or Designee is OPTIONAL. Additional member lines can be added. DELETE THIS LINE ANY UNUSED SIGNATURE LINES.)***

Received by The Graduate School

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Date