



Graduate School--Central Connecticut State University, New Britain CT 06050
Thesis Approval Form

TO: Dean of Graduate Studies

FROM:

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Primary Thesis Advisor *Department*

SUBJECT: Approval of Thesis

Attached you will find an original and one photocopy of the approved thesis and five (5) copies of its abstract prepared by:

Name:	Social Security #:
Street:	Telephone Nos.: (H)
City/St/Zip:	(W)
Country:	Date:
Major:	Degree Program:

Thesis Title:

If human or animal subjects were involved, have you included HSC or IACUC approval in the appendix of the thesis? <input type="checkbox"/> Yes <input type="checkbox"/> No

REQUIRED THESIS APPROVAL SIGNATURES:

Primary Thesis Advisor:
Date Approved by Primary Thesis Advisor:
Committee Member:
Committee Member:
Committee Member:

ACCEPTED BY:

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Dean of Graduate Studies

Date Accepted by Dean of Graduate Studies:
