



GRADUATE THESIS APPROVAL FORM

ACAD-HISTORY-P

Print clearly and use ink (no pencil). The form must be completed in full. Do not leave any fields blank.

Student Royal ID	Student Name	
Term (check one) Regular: <input type="checkbox"/> Fall <input type="checkbox"/> Intersession <input type="checkbox"/> Spring <input type="checkbox"/> Summer Special: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Year	Degree Program
<input type="checkbox"/> CAS <input type="checkbox"/> KSOM <input type="checkbox"/> PCPS	Department	

Title of Thesis:

The signatures below signify that the above-mentioned thesis, in partial fulfillment of the student's requirements for degree, has been read and approved by the members of the Thesis Committee.

Thesis Research Advisor	Date
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