

III. APPROVALS

Advisor: *I have reviewed the proposed work and it should not affect academic performance.*

Signature

Print Name

___/___/_____
M M D D Y Y Y Y

Academic Department Chair/Academic Dean: *I have reviewed the proposed work and it should not affect academic performance.*

Signature

Print Name

___/___/_____
M M D D Y Y Y Y

Graduate School:

Signature

Print Name

___/___/_____
M M D D Y Y Y Y