

**FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY
SCHOOL OF GRADUATE STUDIES AND RESEARCH**

THESIS/DISSERTATION RESEARCH & PROJECT APPROVAL FORM

NAME OF STUDENT _____

LAST FIRST MIDDLE
SSN: _____ TELEPHONE _____

ADDRESS: _____
STREET CITY STATE ZIP CODE

DEGREE SOUGHT _____ MAJOR DISCIPLINE _____

TITLE OF THESIS/DISSERTATION RESEARCH PROJECT

TOTAL THESIS/DISSERTATION CREDIT HOURS APPROVED: _____
ESTIMATED SEMESTER AND YEAR OF COMPLETION: _____

COMMITTEE APPROVALS*

CHAIR:

NAME SIGNATURE POSITION DISCIPLINE DATE

MEMBERS:

NAME SIGNATURE POSITION DISCIPLINE DATE

NAME SIGNATURE POSITION DISCIPLINE DATE

NAME SIGNATURE POSITION DISCIPLINE DATE

NAME SIGNATURE POSITION DISCIPLINE DATE

COLLEGE/SCHOOL APPROVAL:

DEAN _____
NAME SIGNATURE COLLEGE/SCHOOL DATE

GRADUATE APPROVAL:

GRADUATE DEAN _____
NAME SIGNATURE DATE

*Committee must have at least three members: One member must be from an outside discipline .

Original to Graduate Dean Copies to Committee Chair and Student

CMH/AVC Revised 4/22/02