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PLEASE NOTE: This form must be printed on archival paper

(Name of candidate, Graduate Field, Degree, and Title of Thesis/Dissertation MUST BE TYPED.)

(Name of candidate must be exactly as registered at the University.)

CORNELL UNIVERSITY GRADUATE SCHOOL

APPROVAL OF THESIS/DISSERTATION

Name of candidate: _____
First Name Middle Name Family Name

Graduate Field: _____

Degree: _____

Title of Thesis/Dissertation:

COMMITTEE SIGNATURES:

Chairperson: _____ Date: _____

Member: _____ Date: _____

Member: _____ Date: _____

Member: _____ Date: _____

Member: _____ Date: _____

Member: _____ Date: _____

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(Student Signature)