## WRITTEN THESIS/DISSERTATION (DOCTORAL, MASTERS) APPROVAL FORM



Student's Name:			Ordadare
(Name must match UH student records) Student Email:		H PeopleSoft ID:	
Degree (check one):		1	
Degree (check one).			
□Doctoral			
□Masters			
Program:		Defense Date:	
Anticipated Date of Graduation (Month	Year):		
Thesis/Dissertation Title:			
We, the undersigned committee member adequate in scope and quality as a thesis of the content of the document to be sub OR we indicate our dissent below.	dissertation for this gra	duate degree and indica partment for processing	te our approval
Chair:Printed Name			
	Signature		
Member:Printed Name			
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Member:			
Printed Name	Signature		
Collegiate Dean or Associate Dean (as requ	ired by program)		