



TEXAS A&M UNIVERSITY
Thesis Office

WRITTEN DISSERTATION (Ph.D.) OR RECORD OF STUDY (Ed.D, DG.p.)
APPROVAL FORM

Student's Name: _____
(Name must match TAMU student records)

Degree (check one): Ph.D. (Dissertation) Ed.D. (Record of Study) DE.n. (Record of Study)

Date of Defense: (mm/dd/yy or Exempt): _____ Today's Date (mm/dd/yy): _____

Anticipated Date of Graduation (Month Year): _____

Major Subject: _____

Dissertation or Record of Study Title: _____

We the undersigned duly appointed committee have read and examined this manuscript. We certify it is adequate in scope and quality as a dissertation or record of study for this doctoral degree and indicate our approval of the content of the document to be submitted to the Thesis Office for processing and acceptance, OR we indicate our dissent below. A vote by all members of the committee with at most one dissension is required to pass.

	Approve	Disapprove
_____	<input type="checkbox"/>	<input type="checkbox"/>
Chair: _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

Student Contact Information:

UIN

Student's Email Address

The student must submit this signed approval form and a PDF file of the thesis to the Thesis Office for review. Students must clear the Thesis Office within a year of their final defense. To graduate in a given semester, a student must meet the scheduled deadline for submittal of the signed approval form and the thesis in final form. The Office of Graduate and Professional Studies posts a calendar for each semester, and these dates must be observed.

PLEASE TAKE THIS ORIGINAL SIGNED APPROVAL FORM TO THE THESIS OFFICE.