



Thesis ' L V V H U W D W L R Q Approval

Email completed form to gradsvcs@lsu.edu.

Student Information:

Name
(Refer to Mainframe for correct version of name)

LSU ID

Major Field

Title (must be typed):
(Obtain the final title from the student, and ensure that the committee reviews it.)

Date of Examination: _____

Approved:

Print Name

Signature

Major Professor: _____

Committee: _____

We, the above signed committee, acknowledge the sij-5 (M32aw.j-5 (i)7B (e))k8Tt7)tge8d -14 ((i)

including disclosure of work that was previously published and included in the final document.