

**College of Graduate and Professional Studies
Indiana State University
Terre Haute, Indiana**

APPROVAL OF THESIS OR DISSERTATION DEFENSE

Title _____

Student Name _____ Student ID _____

Date of Defense _____

1. The Committee members certify that the student has successfully defended a thesis or dissertation that meets program standards.

Committee Member _____ Date _____

Signature _____

Committee Member _____ Date _____

Signature _____

Committee Member _____ Date _____

Signature _____

Committee Member _____ Date _____

Signature _____

Committee Chair _____ Date _____

Signature _____

2. The Committee Chair certifies that the student has prepared a final draft that includes requested revisions, meets standards for academic integrity, and conforms to the College of Graduate and Professional Studies *Handbook for Theses and Dissertations*

Committee Chair _____ Date _____

Signature _____

3. The responsibilities of the Committee Chair, Committee, and Student have been met.

Department Chair or Representative _____ Date _____

Signature _____

4. The manuscript warrants consideration for final publication by the College of Graduate and Professional Studies.

College Dean or Representative _____ Date _____

Signature _____

5. The manuscript meets the requirements of the College of Graduate and Professional Studies.

College of Graduate Dean or Representative _____ Date _____

Signature _____

The signed original must accompany the thesis or dissertation for all levels of approval. This form will replace the certificate of approval.