

WCU GRADUATE SCHOOL

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Program: (G X F D W L R Q D O / H D G H U V K L S

Student's Name:

Student's ID#:

Tentative Title:

Thesis required an IRB: H V 1 R

Projected Graduation Term:

Thesis Committee Members (either wet signatures or electronic signatures)

Chair:

Signature:

Date:

*** As the chair, I have verified that all committee members have Graduate Faculty Status**

Member 1:

Signature:

Date:

Member 2:

Signature:

Date:

Member 3:

Signature:

Date:

Member 4:

Signature:

Date:

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