

WCU GRADUATE SCHOOL

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Program: ' R F W R U R I 3 V \ F K R O R J \

Student's Name:

Student's 92#:

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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:

I, _____, agree to the above information and hereby grant Western Carolina

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Student's Signature:

