

WCU GRADUATE SCHOOL

Thesis \$ E V W U D F W Form

Program:

Student's Name:

Student's 92#:

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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