



DATE: _____
TO: Victor Pasko, Graduate Coordinator
FROM: Thesis Advisor(s)
SUBJECT: Thesis Draft Approval

Name of Student _____
(please print)

Title of Thesis

I have examined this Ph.D. thesis and consider it ready for submission to the other Ph.D. committee members. The student may schedule the Final Oral Examination.

Thesis Advisor (please print)

(signature)

Co-Advisor if appointed
(please print)

(signature)