

## Master's Thesis Approval

### Student Information

<input type="radio"/> Ms <input type="radio"/> Mr	First Name	Last Name		N ID Number
Music Performing Arts Professions Department	Music Technology Program	Expected Graduation Date	Telephone	Email Address

### Instructions:

- Please print out this form and submit to your Thesis Advisor on the day of your Thesis Defense.
- Fill in the student information box above and your type out your Thesis title in the box below.
- Your department will keep a copy of this form and your thesis document in your student record. Send a copy of this form to the Academic Advisor so that they may title your thesis on your transcript.

Please **type** the title into the box below or you may type it on a blank page then cut and paste/tape it below.

**THESIS TITLE:**

**By our signatures below we attest that the student has met the thesis requirement.**

Sponsor, Print Name	Sponsor Signature	Date
Second Reader, Print Name	Second Reader Signature	Date