**Master’s Thesis Defense Approval Form**

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School of Criminal Justice and Criminology College of Business, Health, and Human Services

*Department* *College*

Please Enter the Full Title of Your Thesis

*Title of Master’s Thesis*

**Dissertation Committee Members**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter Chair Name Here SCJC

*Chair, Signature Print Name Department*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter Member Name Here SCJC

*Member, Signature Print Name Department*

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*Outside Member, Signature Print Name Department*

**Note**. Outside Members are not required for the Master’s Thesis. Only fill out if applicable.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Robert D. Lytle SCJC

*Graduate Chair, Signature Print Name Department*

**Administrative Use Only**

This committee has been submitted to Graduate School -

BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_