# Approval of Revisions to a Project Report or Thesis
# Master of Science in Information Science

*Directions:* Each committee member please transmit their copy of this form to the program coordinator. Alternatively, multiple people can sign the same copy.

Name of Student: _____

Approximate title of report or thesis: _____

Name(s) of committee member(s) signing this form: _____

_____

(E-)signature of committee members, signifying **approval of the revised version** of the project report or thesis:

_____ _____
Date

_____ _____
Date

_____ _____
Date