OLD DOMINION UNIVERSITY

The Graduate School

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College: ______________________________ Degree and Program: ______________________

This is to certify that the above named student has submitted his/her thesis and that it has been accepted by the committee as satisfactory.

THESIS TITLE:

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Signatures of Committee Members

Print Name	Signature	Date
______________________ Chair	______________________ z	__________
______________________	______________________	__________
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Reviewed and Approved by

______________________ Graduate Program Director (Print Name)	______________________ Signature	Date
______________________ z z Dean }Œ•]P v(Print Name)	______________________ Signature	__________ Date

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Cop] • W Graduate Program Director
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