



**OLD DOMINION UNIVERSITY**

The Graduate School

Master's Thesis Acceptance  
and Processing  
M3

Student's Name: \_\_\_\_\_ UIN#: \_\_\_\_\_

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:

\_\_\_\_\_

**Signatures of Committee Members**

Print Name	Signature	Date
_____	_____	_____
Chair		
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Reviewed and Approved by**

Graduate Program Director (Print Name)	Signature	Date
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Dean or Designee (Print Name)	Signature	Date
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