THE UNIVERSITY OF SCRANTON
Graduate and Continuing Education Services
Thesis Approval Form

The thesis of ____________________________________________ R#
entitled ____________________________________________________________
submitted to the Department of _________________________ in partial fulfillment of the
degree requirements of Master of ___________ in __________________________ at the
University of Scranton has been read and approved by the members of the committee.

__________________________________________________________ Date
Thesis Research Advisor

__________________________________________________________ Date
Thesis Reader

__________________________________________________________ Date
Thesis Reader

__________________________________________________________ Date
Director of the Graduate Program

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