

# Thesis Approval

**Western Illinois University**  
School of Graduate Studies

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Date:

I hereby recommend that the following thesis prepared under my supervision be accepted in partial fulfillment of the requirements for the degree Master of

Thesis title:

Student's name:

Student's WIU ID number:

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Thesis Chair/Date

Recommendation concurred by:

Committee member: \_\_\_\_\_

Committee member: \_\_\_\_\_

Committee member: \_\_\_\_\_

Committee member: \_\_\_\_\_

Committee member: \_\_\_\_\_

Return completed form to the School of Graduate Studies.



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