



## Plan A Completion Approval Form

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The *iThenticate* report of the final document must be attached here. If the file is too large to attach, share access to the file with Kara Owens and Jennifer Schisa.

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Committee Member

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Committee Member

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Committee Member

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Department Chair (or Interdisciplinary Program Director):**

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### Student Agreement:

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\_\_\_ I certify the version of my thesis I emailed to Graduate Studies is the same as that approved by my committee.

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