**GEORGIA INSTITUTE OF TECHNOLOGY**
*Office of Graduate Studies & Research*

*CERTIFICATE OF THESIS APPROVAL FOR DOCTORAL STUDENTS*

**INSTRUCTIONS: This is a writable pdf file. Use the tab key to navigate through form, and type in information.**

GTID#_____

Name: _____
First Middle Last

Thesis Title:

We, the below signed, hereby state our full approval of the thesis submitted by the above student in partial fulfillment of the requirements for the degree of Doctor of Philosophy in the School/College of _____.

Approved by:

| | | | |
|---|---|---|---|
| _____ Thesis Advisor | _____ Print last name & dept. | _____ Member, Reading Committee | _____ Print last name & dept. |
| _____ Member, Reading Committee | _____ Print last name & dept. | _____ Member, Reading Committee | _____ Print last name & dept. |
| _____ Member, Reading Committee | _____ Print last name & dept. | _____ Member, Reading Committee | _____ Print last name & dept. |

The above named student has completed all departmental requirements and oral presentation.

_____ School Chair/Graduate Coordinator

_____ Date

* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *

**(GEORGIA TECH GRADUATE OFFICE USE ONLY)**

The Georgia Tech Graduate Office has received the above dissertation and appropriate forms.

_____ Signature

_____ Date

rev. 1/2002