GRADUATE APPROVAL RECORD

NORTHEASTERN UNIVERSITY

Dissertation Title: **Title**

Author: **Name**

Department: **Department or School**

Approved for Thesis Requirement of the Master of Arts/Science Degree

Thesis Committee

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|  |  |  |
| Professor Name, Thesis Supervisor |  | Date |
|  |  |  |
| Professor Name, Second Reader |  | Date |

Department Chair

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|  |  |  |
| Chair/Director Name |  | Date |

Graduate Office Notified of Acceptance

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|  |  |  |
| Graduate Office |  | Date |