



**Doctoral Dissertation and Master’s Thesis Approval Form**

Georgia State University, College of Arts & Sciences  
Office of Graduate Services

**IMPORTANT – Do not submit this form until you have successfully defended your dissertation or thesis.**

Student Name: \_\_\_\_\_

Panther Number: \_\_\_\_\_

Date of Defense: \_\_\_\_\_

Dissertation                      Thesis

Dissertation/Thesis Title:

**Committee Members**

**Signatures**

Committee Chair: \_\_\_\_\_

\_\_\_\_\_

Member: \_\_\_\_\_

\_\_\_\_\_

Member: \_\_\_\_\_

\_\_\_\_\_

Member: \_\_\_\_\_

\_\_\_\_\_

Member: \_\_\_\_\_

\_\_\_\_\_

Department Chair: \_\_\_\_\_

\_\_\_\_\_