

WCU GRADUATE SCHOOL

Thesis Abstract Form

Program:

Student's Name:

Student's 92#:

Title:

Thesis required an IRB: Yes No

Projected Graduation Term:

Thesis Committee Members (either wet signatures or electronic signatures)

Chair:

Signature:

Date:

***As the chair, I have verified that all committee members have Graduate Faculty Status**

Member 1:

Signature:

Date:

Member 2:

Signature:

Date:

Member 3:

Signature:

Date:

Member 4:

Signature:

Date:

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Student's Signature:

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There is a 500- word (4000 character) size limit.**