

APPROVAL FOR THESIS BINDING

Please submit this completed signed form to Michelle Frankfort (Jaharis 123) or scan/email to michelle.frankfort@tufts.edu.

Student: _____

Student ID: _____

Date: _____

Final Thesis Title:

If Thesis was Approved or Approved with MINOR Changes:

This thesis dissertation is submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy and has been examined for all revisions and corrections recommended by the candidate's Thesis Committee and is certified to be acceptable for binding.

Thesis Chair (Please *PRINT* Name and Sign)

If Thesis was Approved with MAJOR Changes:

This thesis dissertation is submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy and has been examined for all revisions and corrections recommended by the candidate's Thesis Committee and is certified to be acceptable for binding.

Committee Member (Please *PRINT* Name and Sign)

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