

Thesis Recommendation

DEPARTMENT/PROGRAM: _____

STUDENT'S NAME: _____ BANNER ID#: _____

THESIS TITLE:

This is to certify that we have examined the thesis submitted by the student named above, in partial fulfillment of the requirements for the degree as indicated and that we **recommend acceptance** of this thesis by the College of William and Mary.

Master of Arts

Master of Science

COMMENTS:

Date: _____

_____	_____
Chair, Thesis Committee (Print Name)	(Signature)
_____	_____
Committee Member (Print Name)	(Signature)
_____	_____
Committee Member (Print Name)	(Signature)
_____	_____
Committee Member (Print Name)	(Signature)
_____	_____
Committee Member (Print Name)	(Signature)
_____	_____
Outside Examiner (Print Name)	Affiliation
	(Signature)

Thesis title will be listed on the transcript.

Distribution: Original and one copy to the Dean of Graduate Studies and Research