

# MASTER'S THESIS APPROVAL FORM

STUDENT I.D. NUMBER \_\_\_\_\_ NAME: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_  
Number and Street City State Zip Code ( ) Area Code Phone Number

EMAIL ADDRESS: \_\_\_\_\_

DEGREE TO BE AWARDED: M.B.A.  Specialty (*specify*) \_\_\_\_\_  
Name Of Committee Chair/ Co-chairs

LAST TERM REGISTERED AS A NYACK STUDENT: \_\_\_\_\_  
Year

TITLE OF THESIS: (If the title contains italics, diacritical marks, or other special characters, please attach a copy of title page.)

The Nyack College Graduate School of Business frequently receives requests for copies of Graduation School of Business theses. If you are willing for The Graduate School to fill such requests by reproducing your thesis at cost, sign **Option 1** below. If you intend to publish your thesis, you may wish to specify that copies be withheld for a period up to three years. In this case, sign **Option 2**, indication the period during which your thesis is to be withheld from reproduction. The Graduate School of Business will refuse permission to make any reproduction during that period.

**Option 1**

I hereby grant permission to the University to furnish upon request of my thesis in whole or part

**Option 2**

I request that reproduction of my thesis be withheld by Nyack College until: \_\_\_\_\_  
**MM/DD/YY**

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Signature of Candidate

Permanent Address: Number and Street \_\_\_\_\_  
City State Zip Code ( ) Area Code Phone Number

I certify that the signatures of the master's committee on the signature page of my thesis are authentic and represent approval of the thesis. \_\_\_\_\_  
Signature of Candidate Date

## FOR OFFICE USE ONLY

**THESIS APPROVED AND CERTIFIED**

**APPROVED AND ACCEPTED FOR DEPOSIT**

Number Of Pages \_\_\_\_\_ Oversize \_\_\_\_\_

\_\_\_\_\_  
Director, M.B.A. Program

\_\_\_\_\_  
University Archivist

\_\_\_\_\_  
Comments

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date