

# D | A | A | P

## MASTER'S COMMITTEE SIGNATURE FORM

College of  
DESIGN  
ARCHITECTURE  
ART  
PLANNING

Date: \_\_\_\_\_

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

Masters of: \_\_\_\_\_

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

Title: \_\_\_\_\_

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

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

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

Approved by: \_\_\_\_\_

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