

**THE UNIVERSITY OF TEXAS AT TYLER  
DEPARTMENT OF HEALTH AND KINESIOLOGY**

**THESIS APPROVAL FORM**

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

Major: \_\_\_\_\_ Degree: \_\_\_\_\_

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

**APPROVAL SIGNATURES:**

Committee Chairperson: \_\_\_\_\_  
[Name – Typed] Date

Thesis Major Advisor: \_\_\_\_\_  
[Name – Typed] Date

Committee Members: \_\_\_\_\_  
[Name – Typed] Date

\_\_\_\_\_  
[Name – Typed] Date

\_\_\_\_\_  
[Name – Typed] Date