



Governors State University
College of Health and Human Services
MHA THESIS APPROVAL FORM

Name of Student _____

Thesis Title _____

Expected Date of Graduation _____

Date of Thesis Submission/Presentation _____

Grade _____

Approved by the Thesis Committee Members:

_____ Signature _____ Date _____
Chair

_____ Signature _____ Date _____
Member

_____ Signature _____ Date _____
Member



GOVERNORS STATE UNIVERSITY

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