CORNELL UNIVERSITY – COLLEGE OF AGRICULTURE AND LIFE SCIENCES
APPROVAL OF MASTER OF LANDSCAPE ARCHITECTURE THESIS

Name of candidate: _____________________________________________________________
First Middle Family Name

Graduate Field: ________________________________________________________________

Degree: ______________________________________________________________________

Title of Thesis:
_____________________________________________________________________
_________________________________________________________________________

COMMITTEE:
Chairperson signature: ________________________________   Date:  ____________________
Member signature: ___________________________________   Date:  ____________________
Member signature: ___________________________________   Date:  ____________________
Member signature: ___________________________________   Date:  ____________________

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(Student Signature)