

# Graduate Programs Upload Authorization Form

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**STUDENT INFORMATION:** please print clearly:

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

Permanent Phone Number: \_\_\_\_\_ Permanent Email Address: \_\_\_\_\_

**Paper/Project Information:**

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

Program & Degree Awarded:

- Master's Theses / Capstone Project (MAE & HSS)
- Nursing Scholarly Projects (MSN)
- Doctor of Nursing Practice (DNP)

Key Words ( Please list 4-6 key words or phrases describing your paper or project:

\_\_\_\_\_  
\_\_\_\_\_

**Abstract:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thesis Committee – List all including adviser:

\_\_\_\_\_  
\_\_\_\_\_

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Faculty Advisor Signature: \_\_\_\_\_