UNIVERSITY OF SOUTH ALABAMA GRADUATE SCHOOL REQUEST FOR TEMPORARY REMOVAL OF A THESIS OR DISSERTATION

Student Name:	Student Number: J00		
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Date of Request:	Period of time for removal:		
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RECOMMENDATION for temporary re	emoval of thesis/dissertation:		
(Department Chair or Graduate Coord	dinator)		Date
(Director of Graduate Studies)			 Date
	the establishment		Date
APPROVAL of temporary removal of	tnesis/dissertation:		
(Dean of the Graduate School)			Date

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