

THESIS/DISSERTATION TRANSMITTAL MEMORANDUM

TO: Robert W. Stackman Jr., Ph.D.  
Dean, Graduate College

FROM: [Thesis/Dissertation Committee Chair/Co-Chairs]

DATE:

SUBJECT: [Student Z Number, Name, College, Degree, Major]

By signing below, the student pledges that this thesis/dissertation is the original work of the student and is in compliance with [The FAU Code of Academic Integrity \(Regulation 4.001\)](#).

\_\_\_\_\_  
Thesis/Dissertation Student (Print Name)

\_\_\_\_\_  
Thesis/Dissertation Student (Signature)

By signing below, the thesis/dissertation Committee Chair confirms that he/she has informed this student of his or her responsibility to comply with [The FAU Code of Academic Integrity \(Regulation 4.001\)](#).

\_\_\_\_\_  
Thesis/Dissertation Committee Chair (Print Name)

\_\_\_\_\_  
Thesis/Dissertation Committee Co-Chair (Print Name)

\_\_\_\_\_  
Thesis/Dissertation Committee Chair (Signature)

\_\_\_\_\_  
Thesis/Dissertation Committee Co-Chair (Signature)

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7/3/23