

This approval sheet must be signed by the majority of the advisory committee, including the director of the dissertation.

NAME: _____ **STUDENT ID #:** ____/____/____
 Last **First** **M.I.**

CURRENT ADDRESS: _____

E-MAIL ADDRESS: _____ **TELEPHONE #:** _____

PROGRAM: _____ **SUBMISSION DATE:** _____

DISSERTATION TITLE: _____

Members of the Advisory Committee for the above named student verify that the dissertation satisfies the requirements of the Graduate School as approved by the Graduate Faculty on October 06, 1972, and recommend that the final examination should be scheduled.

SIGNATURES: _____
 Director of Dissertation

 Committee Member

 Committee Member

 Committee Member

 Committee Member

 Committee Member

 Committee Member