UNIVERSITY OF KENTUCKY
School of Music

Dissertation Approval Form

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

NAME: _____ **STUDENT UKID #**: _____
Last **First** **M.I.**

CURRENT ADDRESS:

_____

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

Degree: _____ **SUBMISSION DATE:** _____**DATE of DEFENSE:** _____

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

List names of Other Committee Members: _____

_____