

DISSERTATION APPROVAL

Date of Approval

I hereby recommend that the dissertation prepared under my supervision by

Student Name

Dawg Tag #

Entitled

be accepted in partial fulfillment of the requirements for the
DOCTOR OF PHILOSOPHY DEGREE

In Charge of Dissertation (Committee Chair)

Program Administrator

Committee for the Final Examination

Recommendation concurred in

Name

Signature

For Graduate School Office Use Only

Graduate Faculty Committee Approved

Survey of Earned Doctorates Completed

Dissertation Formatting Approved

Date Approved _____

Research Compliance NA

IRB

IACUC