



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: _____
