

APPROVAL OF DISSERTATION

Name of Student:

Date: _____ WESID: _____

TITLE OF DISSERTATION:

We approve this dissertation and recommend that it be accepted as partial fulfillment of the requirements for the degree of Doctor of Philosophy in

Subject

COMMITTEE MEMBERS:

Supervisor of Research

Department Readers

Chair of Committee

**This form must be submitted to the Office of Graduate Student Services no later than
May 10, 2019, 4:00 pm**