



**DISSERTATION APPROVAL**  
**WESTERN MICHIGAN UNIVERSITY GRADUATE COLLEGE**

Date: \_\_\_\_\_

WE HEREBY APPROVE THE DISSERTATION SUBMITTED BY:

\_\_\_\_\_

ENTITLED:

\_\_\_\_\_

AS PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF:

\_\_\_\_\_

\_\_\_\_\_  
DEPARTMENT

\_\_\_\_\_

Dissertation Review Committee Chair

\_\_\_\_\_

\_\_\_\_\_

PROGRAM

Dissertation Review Committee Member

\_\_\_\_\_

Dissertation Review Committee Member

APPROVED

\_\_\_\_\_

Dean of the Graduate College

\_\_\_\_\_

Date Approved