



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

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

WE HEREBY APPROVE THE DISSERTATION SUBMITTED BY:

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ENTITLED:

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AS PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF:

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\_\_\_\_\_  
DEPARTMENT

\_\_\_\_\_  
Dissertation Review Committee Chair

\_\_\_\_\_  
PROGRAM

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Dissertation Review Committee Member

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Dissertation Review Committee Member

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Dissertation Review Committee Member

APPROVED

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Dean of the Graduate College

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Date Approved