



**THESIS APPROVAL**  
**WESTERN MICHIGAN UNIVERSITY GRADUATE COLLEGE**

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

WE HEREBY APPROVE THE THESIS 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

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Thesis Committee Chair

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PROGRAM

Thesis Committee Member

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Thesis Committee Member

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Thesis Committee Member

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Thesis Committee Member

APPROVED

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Dean of the Graduate College

Date Approved