



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

Dissertation Review Committee Member

APPROVED

Dean of the Graduate College

Date Approved