



THESIS APPROVAL

WESTERN MICHIGAN UNIVERSITY GRADUATE COLLEGE

Date: _____

WE HEREBY APPROVE THE THESIS SUBMITTED BY:

ENTITLED:

AS PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF:

DEPARTMENT

Thesis Committee Chair

PROGRAM

Thesis Committee Member

Thesis Committee Member

Thesis Committee Member

Thesis Committee Member

APPROVED

Dean of the Graduate College

Date Approved