

Dissertation Approval
The Graduate School
Southern Illinois University

Date of Approval

I hereby recommend that the dissertation prepared under my supervision by

Student Name

Entitled

be accepted in partial fulfillment of the requirements for the

DOCTOR OF PHILOSOPHY degree

In Charge of Dissertation

Head of Department

Recommendation concurred in

1. _____
2. _____
3. _____
4. _____
5. _____

Committee
for the
Final Examination