

EASTERN MICHIGAN UNIVERSITY
Graduate School
Doctoral Dissertation DOCUMENT Approval Form

Student Name _____ Date _____
Program of Study _____ EID: _____
Academic Department/School _____
College _____

TITLE OF DISSERTATION

**DOCUMENT APPROVAL
COMMITTEE SIGNATURES**

Chair _____ Email _____
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ACKNOWLEDGEMENT OF COMPLETED DISSERTATION

Program Director/Coordinator _____ Date _____
Dean _____ Date _____

GRADUATE SCHOOL

DOCUMENT HAS BEEN SUBMITTED AND EDITED – DEGREE MAY BE CONFERRED

Graduate School _____ Date _____

Signed original goes to Record's student file. Copies/PDF: Graduate School, chair, and department/college file.