

EASTERN MICHIGAN UNIVERSITY
Graduate School
DOCTORAL DISSERTATION
Document Approval Form

Student Name _____

Program of Study _____ ID# E _____

Academic Department _____

College _____

TITLE OF DISSERTATION

**DOCUMENT APPROVAL
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Chair _____ Date _____

Members _____ Date _____

_____ Date _____

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_____ Date _____

External Member representing the Graduate School _____ Date _____

ACKNOWLEDGEMENT OF COMPLETED DISSERTATION DOCUMENT

Date _____ Director of Clinical Training _____

Date _____ Administrator _____
(Department Head/Academic Dean)

GRADUATE SCHOOL

DOCUMENT HAS BEEN SUBMITTED AND EDITED – DEGREE MAY BE CONFERRED

Date _____ Graduate School _____

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