



DISSERTATION TENTATIVE APPROVAL PAGE

FIRST NAME _____

LAST NAME _____

STUDENT ID # (SEVEN DIGITS) _____ NETID _____ PHONE _____

EMAIL _____

DISSERTATION TITLE _____

DEFENSE DATE (MM/DD/YYYY FORMAT) _____

The student affirms that the advisory committee members listed below have been consulted and have tentatively approved the dissertation pending the results of the oral defense.

Check the box to indicate approval and print names of advisory committee

Major Advisor _____

Co-Major Advisor _____

Associate Advisor _____

Associate Advisor _____

Associate Advisor _____

Associate Advisor _____

Candidate's Signature _____

Date _____