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Illinois University
Carbondale

Dissertation Approval
SIUE - SIUC Graduate School
Southern Illinois University

SOUTHERN ILLINOIS UNIVERSITY
EDWARDSVILLE

Date of Approval

I hereby recommend that the dissertation prepared under my supervision by (*Student's 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 _____
- 6 _____

Committee
for the
Final Examination