

Dissertation Approval

Western Illinois University
School of Graduate Studies

Date:

I hereby recommend that the following dissertation prepared under my supervision be accepted in partial fulfillment of the requirements for the Educational Doctorate degree.

Dissertation title:

Student's name:

Dissertation Chair/Date

Recommendation concurred by:

Committee member: _____
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Return completed form to the School of Graduate Studies.



Western Illinois University
School of Graduate Studies
1 University Circle
Macomb, IL USA 61455-1390
Phone (309)298-1806
www.wiu.edu/grad; Email: Grad-Office@wiu.edu
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