

MARQUETTE UNIVERSITY GRADUATE SCHOOL

DISSERTATION APPROVAL FORM

CHAIRPERSON / DIRECTOR: Submission of this form indicates that the student has satisfactorily completed the dissertation defense and is submitting the dissertation in its final, approved form. This completed form must be delivered to the Graduate School with the dissertation.

Student Name: _____ MUID: _____

Student Program: _____ Specialization: _____

Degree: _____

Director: _____ Defense Date: _____

Title: _____

1. The Committee voted by the number of _____ to accept and _____ to not accept this dissertation.
2. Attach sheet with comments, if necessary.
3. If the vote is other than unanimously in favor, the signature of the Department Chairperson / Director of Graduate Studies is required.

Signature

Date

Committee member's signatures attest to the results indicated above.

COMMITTEE MEMBERS: (CLEARLY PRINTED NAME)

MEMBER'S SIGNATURES

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Date Received in the Graduate School: _____

Revised 10/2006