

**College of Graduate and Professional Studies
Indiana State University
Terre Haute, Indiana**

APPROVAL OF DISSERTATION COMMITTEE

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Field of Specialization for Ph.D. _____

Approved by: _____

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Signature _____

Committee Member _____ Date _____

Signature _____

Committee Member _____ Date _____

Signature _____

Committee Member _____ Date _____

Signature _____

Committee Chair _____ Date _____

Signature _____

Department Chair _____ Date _____

Signature _____

Academic Dean _____ Date _____

Signature _____

College of Graduate and Professional Studies Dean _____ Date _____

Signature _____

Please submit this form to the Department Chair, Academic Dean, and College of Graduate and Professional Studies in that order.

Distribution: Committee Chairperson, Student, Academic Dean, Department Chairperson, and the College of Graduate and Professional Studies