

**DISSERTATION APPROVAL**

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*Dissertation in Practice Title*

by

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*Student Name with Current Credentials*

**UNIVERSITY DOCTORAL COMMITTEE APPROVAL**

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*University Doctoral Committee Chair*

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*Signature*

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*Date*

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*University Doctoral Committee Member*

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*Signature*

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*Date*

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*University Doctoral Committee Member*

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*Signature*

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*University Doctoral Committee Member*

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*Signature*

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*Date*

**DEPARTMENT APPROVAL**

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*Department Chair*

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*Signature*

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*Date*

**COLLEGE APPROVAL**

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*College Dean*

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*Signature*

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*Date*

**DR. BILLIE DORIS McADA GRADUATE SCHOOL APPROVAL**

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*McAda Graduate School Dean*

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*Signature*

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*Date*