

CERTIFICATE OF APPROVAL

DOCTORAL DISSERTATION

This is to certify that the Doctoral Dissertation of

(Student's Name)

has been approved by the Examining Committee for the dissertation
requirement for the Doctor of Philosophy degree in

(Major, Month and Year of Graduation)

Name: _____ Date _____
CHAIR, Dissertation Committee

Name: _____ Date _____
Co-Chair, Dissertation Committee
(If Applicable)

Name: _____ Date _____
Member, Dissertation Committee

Name: _____ Date _____
Member, Dissertation Committee

Name: _____ Date _____
Member, Dissertation Committee

Name: _____ Date _____
Member, Dissertation Committee
(LSU faculty, if applicable)

Name: _____ Date _____
Department Chair/Program Director

Name: _____ Date _____
Dean, College/School

Name: _____ Date _____
Dean of the Graduate School