

DISSERTATION APPROVAL FORM
DOCTOR OF TECHNOLOGY
UNIVERSITY OF NORTHERN IOWA

1. Student Name _____

2. Student Number _____ 3. Anticipated Graduation Date _____

4. Dissertation Title _____

5. Dissertation Committee Approval Signatures: (Type each committee member's name below their signature line)

_____ Date _____
Advisor:

_____ Date _____
Co-Advisor, if applicable:

_____ Date _____
Committee member:

_____ Date _____
Committee member:

_____ Date _____
Committee member:

_____ Date _____
Committee member:

6. Dissertation approved by the Coordinator of Graduate Studies, Department of Technology

Coordinator _____ Date _____

7. Dissertation approved by the Department Head, Department of Technology

Department Head _____ Date _____

8. All dissertation materials have been submitted and are approved by the Graduate Dean

Graduate Dean _____ Date _____

Upon final approval, the Graduate College will send this completed form to the Registrar's Office, with photocopies to the student and the Department of Technology.