GRADUATE APPROVAL RECORD

NORTHEASTERN UNIVERSITY

Dissertation Title: **Title**

Author: **Name**

Department: **Department or School**

Approved for Dissertation Requirement of the Doctor of Philosophy Degree

Dissertation Committee

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|  |  |  |
| Professor Name1, Dissertation Chair |  | Date |
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| Professor Name2 |  | Date |
|  |  |  |
| Professor Name3 |  | Date |
|  |  |  |
| Professor Name4 or delete |  | Date |

Department Chair

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| Professor Chair/Director Name |  | Date |

Graduate Office Notified of Acceptance

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