



THESIS CERTIFICATION

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF

Doctor of Philosophy

THESIS INFORMATION

THESIS TITLE:		
PRESENTED BY: Student Name (printed)	Andrew IE):
ACCEPTED BY THE DEPARTMENT OF:		
REQUIRED SIGNATURES		
Advisor Name:	SIGNATURE:	DATE:
Advisor Name:	SIGNATURE:	DATE:
DEPARTMENT HEAD NAME:		
DEPARTMENT HEAD SIGNATURE:		DATE:
APPROVED BY THE COLLEGE COUNCI	L	
DEAN SIGNATURE:Barbara Shinn-Cunningham	, Glen de Vries Dean, Mellon College o	DATE: f Science