

Recommendation and Defense of Dissertation

DEPARTMENT/PROGRAM: _____

STUDENT'S NAME: _____ BANNER ID#: _____

DISSERTATION TITLE:

This is to certify that we have examined the dissertation submitted by the student named above, in partial fulfillment of the requirements for the degree of **Doctor of Philosophy** and that we **recommend acceptance** of this dissertation by the College of William and Mary. We further certify that in a final examination before the faculty on _____, the student named above **successfully defended** the dissertation.
date

COMMENTS:

Date: _____

_____	_____
Chair, Dissertation Committee (Print Name)	(Signature)
_____	_____
Committee Member (Print Name)	(Signature)
_____	_____
Committee Member (Print Name)	(Signature)
_____	_____
Committee Member (Print Name)	(Signature)
_____	_____
Committee Member (Print Name)	(Signature)
_____	_____
Committee Member (Print Name)	(Signature)
_____	_____
Outside Examiner (Print Name) Affiliation	(Signature)

Dissertation title will be listed on the transcript.

Distribution: Original and one copy to the Dean of Graduate Studies and Research