

DEPARTMENT TRANSMITTAL FORM

University at Albany
State University of New York
School of Public Health

The dissertation submitted by

under the title

has been read and undersigned. It is hereby recommended for acceptance to the Faculty of the University in partial fulfillment of the requirement for the degree of Doctor of Philosophy.

_____ (Print Name)	_____ (Signed)	_____ (Date)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Recommendation by the Department of _____

Department Chair

Recommendation accepted by the Dean of Graduate Studies for the Graduate Academic Council.

(Signed)