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Dissertation Approval Form

Student's Name: Ashley Luedke

Student's Signature: _____

Date Submitted/Presented: 5/24/13

Title of Dissertation: **Affect Coding Within the Therapeutic Relationship**

We have read the dissertation for the student identified above and find it to be:

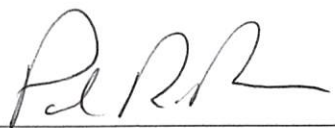
☐ Approved

☒ Approved with modifications (see attached recommendations from the Committee).

☐ Deferred pending another dissertation defense (see attached explanation from the Committee)

☐ Disapproved (see attached explanation from the Committee)

Signatures:

Dissertation Committee Chair: 
Name: Paul R. Peluso, Ph.D.

Dissertation Committee Member: _____
Name: Greg Brigman, Ph.D.

Dissertation Committee Member: _____
Name: Larry Liebovitch, Ph.D.

Doctoral Program Coordinator: _____

Dr. Paul R. Peluso, Department Chair: 

Note: To be completed at the time of the dissertation defense. Completed form must be submitted to the Department of Counselor Education.