DEPARTMENT TRANSMITTAL FORM

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

The dissertation submitted by

________________________________________________________________________

under the title

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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.

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Recommendation by the Department of

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Department Chair Signature

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

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