

NAME _____

Last First

ID # _____ Date _____

REPORT OF THE STUDENT'S DISSERTATION COMMITTEE

Address _____ Degree _____ EdD _____ PhD _____
 _____ Major Area _____
 Phone _____ Cognate Area _____

Please use for one purpose only

_____ 1. **Dissertation Proposal** (Attach proposal) () Turabian () APA

Committee Members: **Signature:** (Indicates Approval)
(Print or Type)

CHAIR _____

ANTICIPATED DATE OF COMPLETION: _____ Day / Month / Year

_____ 2. **Oral Defense of Dissertation**

EVALUATION FOR ORAL DEFENSE

				Reject with:	
Committee Members:	Signature	Approved	Approved with changes		
				A	B
CHAIR _____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

APPROVED _____
 Department Chair / Program Coordinator

_____ Date _____
 Dean / Director of Graduate Programs