

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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>ANTICIPATED DATE OF COMPLETION:</b>  _____ Day / Month / Year
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\_\_\_\_\_ 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