FINAL APPROVAL FORM FOR DOCTORAL CANDIDATES

(The student will submit this form to his or her committee chairperson at the time of the final oral examination.)

Name _____
(Last) (First) (Middle Initial)

Degree: Ed.D. ☐ Ph.D. ☐ D.A. ☐

Major field of study_____

Cognate area(s) _____ _____

Title of approved dissertation:

Date passed final oral examination _____

Committee approval: Date:

1. _____ (Ch.) _____
2. _____ _____
3. _____ _____
4. _____ _____
5. _____ _____

This form must be accompanied by **two** copies of the dissertation and **four** copies of an abstract of the dissertation. Submit this form to the Graduate School.

Date Received in the Graduate School _____

cc: