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 diss	sertation:			
Date passed final oral	examination			
Committee approval:			Date:	
1			_ (Ch.)	
2				
3				
4				
5				

Submit this form to the Graduate School.