



Department of Educational Leadership  
Dissertation Defense Form

Candidate: \_\_\_\_\_

Cohort # \_\_\_\_\_ Concentration \_\_\_\_\_

\* Scheduled: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Results of Dissertation Defense	Defense	
	Passed	Failed
Committee Members		
1.		
2.		
3.		
4.		
Finding		

Recommendation of Doctoral Committee:

\_\_\_\_\_ Accept      \_\_\_\_\_ Accept with Changes      \_\_\_\_\_ Reschedule Defense

Committee Members Signatures

\_\_\_\_\_  
Signature, Chair/Co-Chair

\_\_\_\_\_  
Department

\_\_\_\_\_  
Signature, Chair/Co-Chair

\_\_\_\_\_  
Department

\_\_\_\_\_  
Signature, Member

\_\_\_\_\_  
Department

\_\_\_\_\_  
Signature, Member

\_\_\_\_\_  
School District

\_\_\_\_\_  
Signature, Program Coordinator

\_\_\_\_\_  
Department

\* Submit this completed form at the end of the defense with a digital copy of the dissertation that includes the cover sheet with the name of the chair and committee members to the concentration/program coordinator.