



Department of Educational Leadership
Dissertation Proposal Defense Form

Candidate: _____

Cohort # _____ **Concentration** _____

***Scheduled: Date:** _____ **Time:** _____ **Location:** _____

Submit this form upon completion with all member signatures to the Educational Leadership Department administrative assistant.

Results of Dissertation Proposal 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

Upon completion of this form, please submit to the Educational Leadership Administrative assistant.