

FINAL APPROVAL OF DISSERTATION



Revised: 04/02

Department of Educational Administration and Policy Studies
School of Education

Memo to: Office of Graduate Studies, Via Chair, SOE Academic Council

From: _____ (Signature, Chair of Department of EAPS)

Date: _____

Subject: Final Approval of Dissertation

Student Name			
Student ID Number			
Address			
City		State	Zip
Phone (Home)	()	Phone (Work)	()
Email			

Title of Approved Dissertation Proposal:

This is to certify that the final oral examination for the above named dissertation has been conducted in accordance with the School of Education Doctoral Regulations. The above named student has passed this examination, and his/her dissertation is hereby approved.

Title	Faculty Name	Department	Signature
Chair			
Member			
Member			
Member			
Reader*			
Reader*			

* Signature of reader is optional.

Recorded by SOE Academic Council:

Signature, Chair of SOE Academic Council

Date

Instruction: Complete this form and send original and 2 copy to the Chair, SOE Academic Council. The original will be forwarded to the Office of Graduate Studies; one copy will be returned; and one copy will be filed by the Academic Council.

cc: Department File
Advisor
Student