



EDUCATION AND ORGANIZATIONAL LEARNING & LEADERSHIP
SCHEDULING OF THE FINAL DEFENSE OF THE DISSERTATION

STUDENT NAME Last First Middle

ADDRESS Number and Street City State Zip

PHONE NUMBER SUID#

This form certifies that the dissertation committee chairperson approves the scheduling of the Final Defense as stated below and that dissertation committee members listed below are available at the date and time noted on this form and have agreed upon my readiness for the Final Defense. This form must be submitted to the Ed.D. office three weeks prior to the Final Defense.

Date of Proposal Defense: Time:

Location:

Title of Dissertation:

Dissertation Committee Members:

Dissertation Chairperson

Committee Member (Print Only)

Committee Member (Print Only)

Committee Member (Print Only)

Student Signature

Date

Signature, Dissertation Chairperson

Date

Ed.D. DIRECTOR: Dr. Colette M. Taylor

Signature, Ed.D. Director

Date