



COLLEGE OF EDUCATION

EDUCATIONAL LEADERSHIP PROGRAM

TDiLP Phase 4 Form:
Doctoral Dissertation Defense Approval Form
Individual Student Form

Student: _____ SU ID #: _____

Dissertation Title: _____

	Name		Signature	Date
Content Expert	_____	<input type="checkbox"/> Pass <input type="checkbox"/> Pass with conditions <input type="checkbox"/> No Pass	_____	_____
Community Expert	_____	<input type="checkbox"/> Pass <input type="checkbox"/> Pass with conditions <input type="checkbox"/> No Pass	_____	_____
Inquiry Supervisor	_____	<input type="checkbox"/> Pass <input type="checkbox"/> Pass with conditions <input type="checkbox"/> No Pass	_____	_____

Conditions of approval (if any): _____

Routing (electronic or paper copy): (1) Student, (2) Inquiry Supervisor & Experts, (3) Program Office

Distribution After Completion (if electronic): (1) Student File

Distribution After Completion (if paper copy): (1) Scan to Student, (2) Student File

Revised: 12/2016

For EDLR Office use only	
Initials:	_____
Date Received:	_____
Recorded:	<input type="checkbox"/>
Date to student:	_____