



Appendix E – Dissertation in Practice Final Defense Form
Final Dissertation in Practice & Defense
Doctor of Education Degree

FINAL ORAL DEFENSE – DOCTOR OF EDUCATION

Name of Student(s): _____

Final Oral Defense Date: _____ Time: _____ Location: _____

Title of Dissertation: _____

DISSERTATION IN PRACTICE COMMITTEE

Co-Chair: _____ Co-Chair: _____

Committee Members

Members of the Dissertation in Practice Committee will vote to: Pass (with minor revisions); Pass (with major revisions); Fail. Members will sign below indicating their preference. Plurality will indicate Pass or Fail. Any Examination Remarks will be attached.

Pass (Minor Revisions)

Pass (Major Revisions)

Fail

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dean or Associate Dean, College of Education: _____

Dean, The Graduate School: _____