



Dissertation Receipt Form Doctor of Education Degree

TO: Members of the Dissertation in Practice Committee for:

Name of Student

Graduate Program

Your signature below indicates timely receipt of the student's complete formal written dissertation. Submission of the formal written dissertation to the committee implies that the student has completed the necessary work consistent with the degree being sought and is ready to schedule a final oral defense. Your approval at this point does not imply that there are no corrections to be made in the written document and will have no bearing on the outcome of the final oral defense.

Committee Co- Chair

Signature

Date

Committee Co- Chair

Signature

Date

Dissertation Title: _____

FINAL RESEARCH POSTER HAS BEEN PRINTED AND RECEIVED. Yes No

Type and Sign your name in the space provided below if you feel that the dissertation is acceptable for the purpose of administering the Final Oral Defense. If you do not feel this is the case, inform the student of your criticisms so that they may be taken into account in the modifications. The student will then submit the modified manuscript to the committee.

Authorized Signatures

Names of Dissertation in Practice Committee Members

(Other than Committee Chair)

Dissertation in Practice Committee Member

Signature

Date

Dissertation in Practice Committee Member

Signature

Date

Dissertation in Practice Committee Member

Signature

Date

Dissertation in Practice Committee Member

Signature

Date

Please submit completed form with signatures to the Graduate School or email to tgseerolled@augusta.edu. The Graduate School will send a copy of the completed form to the appropriate program director.