



**Faculty Agreement Form**  
**Date and Time of Final Oral Defense**  
*Doctor of Education (EdD)*

**General Student Information**

Name of Student: \_\_\_\_\_ Banner ID: \_\_\_\_\_

\_\_\_\_\_  
Graduate Program Degree

\_\_\_\_\_  
Date Time Location

**Authorized Signatures ( Dissertation in Practice Committee )**

**I will be in attendance for the Final Oral Defense for the student listed above on the designated day and time. I have provided a phone number to reach me on the day of the event, if needed. In addition, I have indicated below my intention to attend in-person or virtually.**

_____	_____	_____	_____	In Person
Committee Member	Signature	Date	Phone	Virtual
_____	_____	_____	_____	In Person
Committee Member	Signature	Date	Phone	Virtual
_____	_____	_____	_____	In Person
Committee Member	Signature	Date	Phone	Virtual
_____	_____	_____	_____	In Person
Committee Member	Signature	Date	Phone	Virtual
_____	_____	_____	_____	In Person
Committee Member	Signature	Date	Phone	Virtual