

ORAL DEFENSE STATUS
DISSERTATION FORM 4 – Ed.D.

PLEASE RETURN THIS FORM DIRECTLY TO THE EdD PROGRAM OFFICE

Name: _____ Date of Defense: _____
Last First

ULV Email: _____ Phone: (C) _____

Student I.D.: _____ (H) _____

(B) _____

Address: _____
Street

City State Zip

This is to certify that this candidate has:

- Passed with no revisions needed
- Passed with minor revisions (please provide details on back)
- Passed with major revisions (please provide details on back)
- Not passed yet, defense to be continued (please provide details on back)
- Failed (please provide details on back)

Signatures:

_____, Dissertation Chair

_____, Committee Member

_____, Committee Member

POLICY STATEMENT

Student: *You have one year from the date of the completed Oral Defense* to complete the entire dissertation process and have final approval by the Dean or Provost. If you do not complete this process within the one-year period, you will be subject to a new Oral Defense, as well as an oral re-examination fee equal to one unit. Student must maintain continuous registration until they are done and must be within their eight-year time limit.

Student Signature: _____

Final Approval: _____, Dean or Provost