

APPROVAL FOR ORAL DEFENSE DISSERTATION FORM 3 – Ed.D.

PLEASE RETURN THIS FORM	DIRECTLY TO THE EdD PROGRAM OFFICE	CE CONTRACTOR CONTRACT
Name:		Date of Meeting:
Last	First	
ULV Email:	Phone:	(C)
Student I.D.:		(H)
My mailing address on Dissertation Title:	record has not changed	(B)
	has provided us a final draft of the disse on for their meeting at the date, time, a	
		, Dissertation Chair
ORIGINAL/SCANNED SIGNATURES REQUIRED		Committee Member
SIGNAT ONES REQUIRED		, Committee Member
DEFENSE REQUIRED COMMENCEMENT: SP Additional Requirements: a. Graduation Application	AND SUBMITTED BY THE DEADLINE RING DEADLINE APRIL 1 ST WIN	ITER DEADLINE IS NOVEMBER 15 th averne Catalog)
c. Completed Oral Defen	orm (located online; see fee for curren se Announcement. Email to Mary Soto ://education.laverne.edu/edd/dissert	at msoto@laverne.edu. The form is
÷	SCHEDULE ORAL DEFENSE OF DISS For Office Use Only	ERTATION
		has received, and approves, your request equirements, to date, have been fulfilled.
Approved/Dated:		, Program Director or designee
Received by Organizational Leadership Doctoral Program Office Recorded and Accepted Notice sent to campus and doctoral program community		(Date)
Received by Graduate Academic Services Recorded and Accepted		(Date)