

DISSERTATION FORM 4 – DPA PROGRAM  
ORAL DEFENSE STATUS

Please return this form directly to the DPA Academic Advisor

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

This is to certify that this candidate has:

- Passed, with no revisions needed.
- Passed, with minor revisions needed.
- Passed, with major revisions needed (please attach comments)
- Not passed, defense to be continued (please attach comments)
- Failed (please attach comments)

The undersigned have reviewed and approved my formal study proposal:

Date: \_\_\_\_\_

\_\_\_\_\_

**Committee Chair**

\_\_\_\_\_

**Committee Member**

\_\_\_\_\_

**Committee Member**

Final Approval: \_\_\_\_\_ **Dean** Date: \_\_\_\_\_

NOTE TO CANDIDATE – ULV policy requires that students must not exceed an eight-year time limit for completion of the DPA program. Please remember that students have one-year from the date of the Oral Defense to complete their dissertation process and obtain final approval from the Dean. If the student does not complete this process within this one-year period, s/he will be required to schedule a new Oral Defense and cover an additional oral re-examination fee equal to one unit.