



# Report of Results of Defense of Dissertation

Student's Name \_\_\_\_\_ SSN/UWG ID # \_\_\_\_\_

Degree \_\_\_\_\_ Area of Specialization \_\_\_\_\_

Dissertation Title \_\_\_\_\_

The committee for the above named student conducted a final oral defense of the doctoral dissertation for the Ed.D. degree on \_\_\_\_\_ (date) and, has determined that the student's performance be considered as follows:

\_\_\_\_\_ **Passed.** The committee recommends that the Ed.D. degree be awarded upon submission of the dissertation in acceptable final form to the Dean of the Graduate School. *(Requires a unanimous vote.)*

\_\_\_\_\_ **Not Passed.** The committee recommends that the student, following consultation and with the consent of his/her advisor, be allowed to repeat the final oral defense no more than one additional time.

\_\_\_\_\_ **Failed.** No provision for repeating the oral exam.

\_\_\_\_\_  
Dissertation Chair

\_\_\_\_\_  
Committee Member

\_\_\_\_\_  
Committee Member

\_\_\_\_\_  
Committee Member

### Required Signatures

Ed.D. Director \_\_\_\_\_ Date \_\_\_\_\_

Dean, The Graduate School \_\_\_\_\_ Date \_\_\_\_\_