Doctor of Education in Professional Counseling & Supervision

Dissertation Defense Result

Student’s Name: ___________________________  UWG ID#: ___________________________

Dissertation Title:

_________________________________________________________________________________

The committee for the above named student conducted a final oral defense of the doctoral dissertation on _____________________(date) and, has determined that the student’s performance be considered as follows:

☐ Passed. The committee recommends that the doctoral degree be awarded upon submission of the dissertation in acceptable final format.

☐ Passed with revisions. The committee recommends that the doctoral degree be awarded upon the completion of the recommended revisions to the dissertation and in acceptable final format.

☐ 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.

Assessment Link: https://westga.co1.qualtrics.com/jfe/form/SV_4H4jvGqP2MsLkaO

By signing this form, all members affirm the study is original work completed by the student; all UWG Formatting Guidelines will be followed before submitting to ProQuest; and the dissertation defense assessment is completed by the chair.

_________________________________________________________________________________

Dissertation Chair: ___________________________  Member: ___________________________

Member: ___________________________  Member: ___________________________

_________________________________________________________________________________

Student’s Signature: ___________________________  Date: ___________________________

Received: ___________________________  Date: ___________________________

Ed.D. Director