



DOCTOR OF EDUCATION in PROFESSIONAL COUNSELING & SUPERVISION
Report of Results of Defense of Dissertation
(Student fills out top of form. Chair and Committee members sign, when dissertation is completed)

Student's Name _____ UWG ID # _____

Degree _____ Major/Area of Concentration _____

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 Director of Graduate Studies. (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 Signature

Ed.D. Director _____ Date _____