



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://goo.gl/pGQ1VP>

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