



UNIVERSITY OF  
WEST GEORGIA

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 their advisor, be allowed to repeat the final oral defense.

**By signing this form, all members affirm the study is original work completed by the student and in compliance with the UWG Honor Code; all UWG Formatting Guidelines will be followed before submitting to ProQuest; and the [dissertation defense evaluation](#) is completed by the chair and committee member(s).**

Dissertation Chair: \_\_\_\_\_ Member: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received: \_\_\_\_\_ Date: \_\_\_\_\_  
Ed.D. Director