



Report of Results of Oral Dissertation Final Defense

(Student fills out top of form. Chair and Committee members sign, when dissertation is completed)

Student's Name \_\_\_\_\_

UWG ID # \_\_\_\_\_

Degree \_\_\_\_\_ EdD \_\_\_\_\_

Dissertation Title

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

Passed. The committee recommends that the Ed.D. Degree is awarded upon submission of the dissertation in acceptable final form to the Dean of the School of Nursing. (Requires a unanimous vote.)

Not Passed. The committee recommends that the student repeat the final oral defense no more than one additional time following consultation and with the consent of their advisor.

Failed. No provision for repeating the oral exam.

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

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

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

Outside Committee Member (optional)

Required Signatures

Graduate Program Director, SON \_\_\_\_\_

Date \_\_\_\_\_

Associate Dean of Graduate Program, SON \_\_\_\_\_

Date \_\_\_\_\_