



TANNER HEALTH
SCHOOL OF NURSING

Ed.D in Nursing Education
Report of Results of Oral Dissertation Proposal Defense
(Student fills out top of form, Chair & Committee Members sign when proposal complete)

Student's Name _____ UWG ID # _____

Degree: _____

Dissertation Title: _____

The committee for the student named above conducted an oral defense of the doctoral *proposal* 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 doctoral proposal defense is acceptable to the School of Nursing Dean. *(Requires a unanimous vote.)*

_____ **Not Passed.** The committee recommends that the student, following consultation, be allowed to repeat the oral defense of the doctoral *proposal* defense no more than one additional time.

_____ **Failed.** No provision for repeating the oral defense of the doctoral *proposal* defense.

Dissertation Chair (Signed & Printed)

Committee Member (Signed & Printed)

Committee Member (Signed & Printed)

Outside Committee Member (optional)

Required Signatures

Graduate Program Director _____ Date _____

Associate Dean of Graduate Program _____ Date _____