

Georgia Southern University
Jack N. Averitt College of Graduate Studies

Ed.D Dissertation Defense Report
And
Recommendation for Award of the Doctor of Education (Ed.D) Degree

To: College of Graduate Studies:

Candidate Name: _____
Last *First* *Middle*

Current Address: _____

City: _____ St _____ Zip: _____

Valid Email Address: _____

Eagle ID # (Do Not Use SS#): 900- ____ - _____

Degree/Major (Check One): **Ed.D – Curriculum Studies** **Ed.D – Educational Administration**

Dissertation Defense Date: _____

Members of the Dissertation Committee for the above named candidate have conducted the Dissertation Defense for the Doctor of Education Degree and report the following result:

Pass & Recommend for Degree Award **Fail**

If failed, please indicate recommendation relative to a second examination.

NOTE: Only one (1) retake of the Dissertation Defense is permitted.

Signatures of the Dissertation Committee

<input type="checkbox"/> Pass	<input type="checkbox"/> Fail		Date
		Committee Chair	
<input type="checkbox"/> Pass	<input type="checkbox"/> Fail		Date
		Committee Member	
<input type="checkbox"/> Pass	<input type="checkbox"/> Fail		Date
		Committee Member	
<input type="checkbox"/> Pass	<input type="checkbox"/> Fail		Date
		Committee Member	
<input type="checkbox"/> Pass	<input type="checkbox"/> Fail		Date
		Committee Member	

Dept Chair (Initial): _____ **Date:** _____

COE Assoc. Dean (Initial): _____ **Date:** _____

Forward Completed and Signed Form to the College of Graduate Studies