FORM 9

UNIVERSITY OF LOUISVILLE
College of Education & Human Development
Dissertation Final Oral Examination Schedule

To: Dean of the School of Interdisciplinary and Graduate Studies Date: _____

_____ _____
Student Name Student I.D.

Department

□ **ELFH - Leadership, Foundations & Human Resource Education**
□ EDTL - Teaching & Learning
□ **HSS - Health & Sport Sciences**
□ **ECPY - Educational & Counseling Psychology**

Program & Specializations

ELFH - Leadership, Foundations & Human Resource Education

□ **P-12 Administration**
□ **Postsecondary Administration**
□ **Sport Administration**
□ **Human Resource Development**
□ **Evaluation**

EDTL - Curriculum & Instruction

□ Curriculum & Instruction

ECPY - Counseling and Counseling Psychology

□ Counseling Psychology (Concentration)
□ Counselor Education
□ College Student Personnel

Degree: Ph.D.
Title of Dissertation:

_____

_____

_____

Day, Date, & Time of Examination _____

Place: _____

Advisor: _____

Please submit this completed form no later than two weeks before the oral defense.

Department Chair	Date	CEHD Associate Dean for Research and Graduate Studies	Date

(Revised August 2010)