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  ☐ ECPY  Educational & Counseling Psychology
☐ HSS  Health & Sport Sciences  ☐ EDTL  Teaching & Learning

Program & Specializations

ELFH - Leadership, Foundations & Human Resource Education
☐ P-12 Administration
☐ Postsecondary Administration
☐ Sport Administration
☐ Human Resource Development
☐ Evaluation

ECPY - Counseling and Counseling Psychology
☐ Counseling Psychology (Concentration)
☐ Counselor Education
☐ College Student Personnel

EDTL - Curriculum & Instruction
☐ Curriculum & Instruction

Degree: Ph.D.
Title of Dissertation:

________________________________________________________

Day, Date, & Time of Examination
Place:
Advisor:

Completed form must be in Research Office
NO LATER THAN TWO WEEKS BEFORE THE SCHEDULED ORAL DEFENSE

_________________________  ________  ______________________  ________
Department Chair          Date              CEHD Associate Dean for Research and Graduate Studies
                          Date

SPRING 2015