FORM 9

UNIVERSITY OF LOUISVILLE

**College of Education & Human Development**

**Dissertation Final Oral Examination Schedule**

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| **To:** Dean of the School of Interdisciplinary and Graduate Studies | Date: |  |

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|  |  |  |
| **Student Name** |  | **Student I.D.#** |

**Department**

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| --- | --- |
|  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 |  | **ECPY -** Counseling and Counseling  |
|  |   **Psychology** |
|  P-12 Administration  |  |  **Counseling Psychology (Concentration)** |
|  Postsecondary Administration |  |  **Counselor Education** |
|  Sport Administration |  |   **College Student Personnel** |
|  Human Resource Development |  |  |
|  Evaluation |  | **EDTL - Curriculum & Instruction** |
|  |  |   **Curriculum & Instruction** |
|  |  |  |

**Degree:** Ph.D.

**Title of Dissertation:**

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

**Completed form must be in Research Office**

**NO LATER THAN TWO WEEKS BEFORE THE SCHEDULED ORAL DEFENSE**

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

SPRING 2015