

DEPAUL UNIVERSITY
COLLEGE OF EDUCATION

Dissertation Approval Form

CANDIDATE INFORMATION:

Name: _____ SS#/DePaul ID#: _____

Address: _____

Home Phone: _____ Work Phone: _____

Fax: _____ E-mail: _____

MAJOR COURSE OF STUDY:

Educational Leadership *Curriculum Studies*

TITLE OF DISSERTATION _____

DATE OF ORAL EXAMINATION: _____

Dissertation Approval Form Regulations:

1. Must have all of the dissertation chair and committee members' signatures to be valid and complete.
2. Will be returned to the dissertation committee chair if incomplete.

This section to be completed by the Dissertation Committee:

<hr style="border: none; border-top: 1px solid black;"/>	Approved	Approved with Revisions	Not Approved
<i>Signature of Dissertation Chair</i> <i>Date</i>			

Print name: _____

<hr style="border: none; border-top: 1px solid black;"/>	Approved	Approved with Revisions	Not Approved
<i>Signature of Dissertation Committee Member</i> <i>Date</i>			

Print name: _____

<hr style="border: none; border-top: 1px solid black;"/>	Approved	Approved with Revisions	Not Approved
<i>Signature of Dissertation Committee Member</i> <i>Date</i>			

Print name: _____

<hr style="border: none; border-top: 1px solid black;"/>	Approved	Approved with Revisions	Not Approved
<i>Signature of Dissertation Committee Member</i> <i>Date</i>			

Print name: _____

Specifications for Revision (Attach additional comments if needed):