

DEPAUL UNIVERSITY

COLLEGE OF EDUCATION

Dissertation Approval

CANDIDATE INFORMATION:

Student Name: _____ DePaul ID# _____

Address: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____ Secondary Email: _____

Concentration:

Educational Leadership _____

Curriculum Studies _____

Global Catholic _____

Early Childhood Education _____

Higher Education _____

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:

Signature of Dissertation Chair Date ___ Approved ___ Approved with Revisions ___ Not Approved

Print name: _____

Signature of Dissertation Committee Member Date ___ Approved ___ Approved with Revisions ___ Not Approved

Print name: _____

Signature of Dissertation Committee Member Date ___ Approved ___ Approved with Revisions ___ Not Approved

Print name: _____

Signature of Dissertation Committee Member Date ___ Approved ___ Approved with Revisions ___ Not Approved

Print name: _____

Specifications for Revision (Attach additional comments if needed):

Please return completed form to the Doctoral Program Office (COE 346). Candidates are responsible for submitting final dissertation materials to the Doctoral Program Office and to ProQuest. Submission to the Doctoral Program Office and ProQuest are graduation requirements.