GRADUATE SCHOOL OF EDUCATION
SUBMISSION OF DOCTORAL DISSERTATION FOR FORMAT REVIEW

Candidate: ____________________________________________ FIDN: ______ REVIEW #: ______
Degree: PhD EdD
Academic Unit: CLAIR C&T ELAP PES
Semester: Fall Spring Summer Year: ______

DATE OF ORAL DEFENSE: __________
TITLE OF DISSERTATION: ____________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

MENTOR: __________________________ ___________________________ Date: ______
(signature) (printed name)

Only required for Review #1:
READER: __________________________ ___________________________ Date: ______
(signature) (printed name)
READER: __________________________ ___________________________ Date: ______
(signature) (printed name)

**Academic Unit: Please retain a copy and then submit the signed original to the Dean’s Office.**
**Dean’s Office: Please provide a copy to the Assistant Dean of Administrative Services.**

DEAN’S OFFICE, RCVD BY: __________________________ Date: ______

(DD-4 rev. 11/15)