



FORDHAM UNIVERSITY
THE JESUIT UNIVERSITY OF NEW YORK

GRADUATE SCHOOL OF EDUCATION

EVALUATION OF THE DISSERTATION ORAL DEFENSE

Candidate: _____ **FIDN:** _____

Degree: PhD EdD

Academic Unit: CLAIR C&T ELAP PES

DATE: _____

DECISION:

_____ Passed.

_____ Passed with minor modifications (e.g. typographical errors, adherence to form style).
See comments below.

_____ Passed but with major revisions (e.g. content). See comments below.

_____ Not acceptable at this time. See comments below.

DUE DATE FOR FORMAT REVIEW: _____

COMMENTS: _____

MENTOR: _____ **Date:** _____
(signature) (printed name)

READER: _____ **Date:** _____
(signature) (printed name)

READER: _____ **Date:** _____
(signature) (printed name)

CHAIRPERSON OF ORAL DEFENSE: _____ **Date:** _____

****Academic Unit: Please retain a copy and then submit the signed original to the Dean's Office.****

DEAN'S OFFICE, RCVD BY: _____ **Date:** _____