



**FORDHAM UNIVERSITY**  
THE JESUIT UNIVERSITY OF NEW YORK

**GRADUATE SCHOOL OF EDUCATION**

**APPROVAL FOR SCHEDULING THE ORAL DEFENSE  
OF THE DOCTORAL DISSERTATION**

**Directions to Faculty:**

Your signature below indicates your approval of the dissertation document submitted by the candidate. It also indicates your approval for submission of the dissertation to the Division Chair for his/her review. Upon favorable review by the Division Chair, the oral defense of the dissertation may be scheduled.

**Candidate:** \_\_\_\_\_ **FIDN:** \_\_\_\_\_

**Degree:**            PhD            EdD

**Academic Unit:**    CLAIR            C&T            ELAP            PES

**Program:** \_\_\_\_\_

**Semester:**            Fall            Spring            Summer            **Year:** \_\_\_\_\_

**DISSERTATION TITLE:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MENTOR:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**READER:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**READER:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DIVISION CHAIRPERSON:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date of Dissertation Proposal Approval:** \_\_\_\_\_

**Date of Oral Defense:** \_\_\_\_\_