Candidate: ___________________________ FIDN: ___________ REVIEW #: ____

Degree: 
PhD 
EdD

Academic Unit: 
CLAIR C&T ELAP PES

Semester: 
Fall Spring Summer Year: ______

Graduation (expected): 
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: ______