



COLLEGE OF
EDUCATION

Graduate Studies
TCU BOX 297900
Fort Worth, TX 76129
(817) 257-7661

Dissertation Defense Form

Mr./Mrs. _____ ID# _____
Last First Middle

The above listed student has satisfactorily completed the oral examination for the:

EDD/PHD Degree with a Major in : _____

Date of Defense: _____
Month Day Year

Dissertation Title: _____

		Thesis/Dissertation Grades							
_____	Date	_____	_____	_____	_____	_____	_____	_____	_____
Committee Chair/Major Advisor		Course #	Term	Hours	Grade	Course #	Term	Hours	Grade
_____	Date	_____	_____	_____	_____	_____	_____	_____	_____
Committee Member		Course #	Term	Hours	Grade	Course #	Term	Hours	Grade
_____	Date	_____	_____	_____	_____	_____	_____	_____	_____
Committee Member		Course #	Term	Hours	Grade	Course #	Term	Hours	Grade
_____	Date	_____	_____	_____	_____	_____	_____	_____	_____
Associate Dean of Graduate Studies		Course #	Term	Hours	Grade	Course #	Term	Hours	Grade
_____	Date	_____	_____	_____	_____	_____	_____	_____	_____
		Course #	Term	Hours	Grade	Course #	Term	Hours	Grade

TO THE REGISTRAR: The above listed student has successfully defended his/her Dissertation for the EDD/PHD program. All signatures must be obtained before this form becomes valid.

Notes: