



COLLEGE OF
EDUCATION

Graduate Studies
TCU BOX 297900
Fort Worth, TX 76129
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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: _____

_____	Date
Committee Chair/Major Advisor	
_____	Date
Committee Member	
_____	Date
Committee Member	
_____	Date
Associate Dean of Graduate Studies	

Thesis/Dissertation Grades							
_____	_____	_____	_____	_____	_____	_____	_____
Course #	Term	Hours	Grade	Course #	Term	Hours	Grade
_____	_____	_____	_____	_____	_____	_____	_____
Course #	Term	Hours	Grade	Course #	Term	Hours	Grade
_____	_____	_____	_____	_____	_____	_____	_____
Course #	Term	Hours	Grade	Course #	Term	Hours	Grade
_____	_____	_____	_____	_____	_____	_____	_____
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: