



**Completion of the Proposal Oral Defense of the Dissertation Proposal and Summary of Changes Required by the Dissertation Committee**

**Part I: Report of the Dissertation Committee**

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Date of the Proposal Defense \_\_\_\_\_

Dissertation Proposal Title

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The successful completion of the Proposal Defense and acceptance of the dissertation proposal is indicated by the signatures below.

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Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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Dissertation Chair Name \_\_\_\_\_ Dissertation Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

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Committee Member Name \_\_\_\_\_

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Committee Member Name \_\_\_\_\_

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Ed.D. Director Signature \_\_\_\_\_ Date \_\_\_\_\_

**Part II: Proposal Defense Require Changes**

The following changes were agreed upon during the Proposal Oral Defense. (If there are no changes, please write "NO CHANGES REQUIRED" in this section and obtain the Dissertation chairperson's signature.)

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Student Signature Date

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Dissertation Chair Signature Date

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Ed.D. Director Signature Date