



## DISSERTATION FINAL DEFENSE REPORT

### Student Information

Student Name: \_\_\_\_\_ CWID: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_@leomail.tamuc.edu Degree:  EdD  PhD Major: \_\_\_\_\_

### Defense Information

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location/Mode: \_\_\_\_\_

Title of Dissertation: \_\_\_\_\_

Final Defense Results (completed by advisor or committee member):  Satisfactory  Unsatisfactory

Remarks and Recommendations: \_\_\_\_\_

By signing, we affirm we have read the final dissertation and agree it is adequate in scope and quality as a dissertation for this graduate degree. We approve the student's dissertation document.

Advisor: \_\_\_\_\_  
(print name) (signature) (date)

Member: \_\_\_\_\_  
(print name) (signature) (date)

Member: \_\_\_\_\_  
(print name) (signature) (date)

Member: \_\_\_\_\_  
(print name) (signature) (date)

Member: \_\_\_\_\_  
(print name) (signature) (date)

### Signatures below indicate approval of the above recommendation.

Department Head: \_\_\_\_\_  
(print name) (signature) (date)

Dean of the College: \_\_\_\_\_  
(print name) (signature) (date)