

Educational Studies PhD Program

Outcome and Evaluation of the Event (Check the appropriate box):

- Preliminary Coursework Planning Meeting
- Qualifying Examination Planning Meeting
- Written Qualifying Examination
- Oral Qualifying Examination
- Dissertation Proposal Meeting
- Dissertation Defense

Student Name: _____ M Number: _____

Title (if applicable): _____ Date: _____

Chairperson	Signature	Program/Area
Member	Signature	Program/Area
Member	Signature	Program/Area
Member	Signature	Program/Area
Member	Signature	Program/Area

Decision (Check appropriate box):

- Approved
- Approved with Revisions
- Not Approved

Decision Description and Faculty Comments: _____

Instructions: Completed form with signatures must be submitted to the School of Education Graduate Director's Office. Additional copies should be sent to all committee members for their records.