

**EASTERN MICHIGAN UNIVERSITY**  
**Graduate School**  
**ORAL DEFENSE of the Doctoral Dissertation Approval Form**

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

Date \_\_\_\_\_

Program of Study \_\_\_\_\_

EID: \_\_\_\_\_

**TITLE OF DISSERTATION**

**ORAL DEFENSE**

Date \_\_\_\_\_ Time \_\_\_\_\_ Place \_\_\_\_\_

After review of the dissertation and on the basis of the oral defense of the work presented in the dissertation, the doctoral committee certifies that the candidate:

Satisfactorily passed the oral defense of the dissertation

Did not satisfactorily pass the oral defense of the dissertation

Recommendations

**COMMITTEE SIGNATURES**

*I have read and approve the content of this dissertation. FINAL document approval of the written requirement will occur upon review of suggested edits with signatures on the DOCTORAL DISSERTATION DOCUMENT APPROVAL FORM.*

Chair \_\_\_\_\_ Email \_\_\_\_\_

Member \_\_\_\_\_

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**ACKNOWLEDGEMENT OF PASSING THE ORAL DEFENSE**

Program Director/Coordinator \_\_\_\_\_ Date \_\_\_\_\_

Graduate School \_\_\_\_\_ Date \_\_\_\_\_

*Signed original goes to Record's student file. Copies/PDF: Graduate School, chair, and department/college file.*