

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

Student Name _____

Date _____

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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 _____

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ACKNOWLEDGEMENT OF PASSING THE ORAL DEFENSE

Program Director/Coordinator _____ Date _____

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