

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

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

Program of Study \_\_\_\_\_ ID# E \_\_\_\_\_

**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: \_\_\_\_\_

Members: \_\_\_\_\_

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Member representing the Graduate School: \_\_\_\_\_

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**ACKNOWLEDGEMENT OF PASSING THE ORAL DEFENSE**

Date \_\_\_\_\_ Program Director/Coordinator/Dept. Head \_\_\_\_\_

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

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