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**SCHEDULE for DOCTORAL DISSERTATION ORAL DEFENSE**

**Doctor of Education in Educational Leadership**

Name: Click here to enter text. Student ID: Click here to enter text.

Title of Dissertation: Click here to enter text.

*(Attach copy of 1-page dissertation abstract)*

Date: Click here to enter text. Day of Week: Click here to enter text.

Time of Oral Defense: Click here to enter text.

Location of Defense: Education Building Room 206C

*Required Signatures:*

Co-chair: Click here to enter text.

Committee Member:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click here to enter text.

Committee Member: Click here to enter text.

Director, Doctoral Program Date:

Chair, Educational Leadership

Dean, College of Education

Dean, College of Graduate Studies: Date: