Doctoral Programs in Education

College of Education and Professional Development

Marshall University

**APPROVAL OF ORAL DEFENSE**

**Student’s Name**

**Date of Evaluation**

I participated at the final Doctoral examination of this student as scheduled and report my evaluation of the results as follows: (Committee members must sign in person at the conclusion of the examination).

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| **Committee Member** | **Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Pass or Fail**\_\_\_\_\_\_\_\_\_\_ | **Date**\_\_\_\_\_\_\_\_\_ |
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**Degree and Major**: Doctor of Education in

**Dissertation Title**:

**Note:** No examination is to be given without all committee members present. Additional requirements for research doctorates include acceptance by the Graduate College of dissertation bearing original signatures of at least all but one of the committee members.