



COLLEGE OF  
**EDUCATION**

Office of Graduate Studies  
TCU Box 297900  
Fort Worth, TX 76129  
817.257.7661

# Dissertation Defense Form

Mr./Mrs. \_\_\_\_\_ ID# \_\_\_\_\_  
Last First Middle

The above listed student has satisfactorily completed the oral examination for the:

**EDD/PHD Degree with a Major** in : \_\_\_\_\_

Date of Defense: \_\_\_\_\_  
Month Day Year

**Dissertation Title:** \_\_\_\_\_

		Dissertation Grades							
_____	Date	_____	_____	_____	_____	_____	_____	_____	_____
Committee Chair/Major Advisor		Course #	Term	Hours	Grade	Course #	Term	Hours	Grade
_____	Date	_____	_____	_____	_____	_____	_____	_____	_____
Committee Member		Course #	Term	Hours	Grade	Course #	Term	Hours	Grade
_____	Date	_____	_____	_____	_____	_____	_____	_____	_____
Committee Member		Course #	Term	Hours	Grade	Course #	Term	Hours	Grade
_____	Date	_____	_____	_____	_____	_____	_____	_____	_____
Committee Member		Course #	Term	Hours	Grade	Course #	Term	Hours	Grade
_____	Date	_____	_____	_____	_____	_____	_____	_____	_____
Associate Dean of Graduate Studies		Course #	Term	Hours	Grade	Course #	Term	Hours	Grade

**TO THE REGISTRAR: The above listed student has successfully defended his/her Dissertation for the EDD/PHD program. All signatures must be obtained before this form becomes valid.**

Notes: