DISSERTATION CHAIR APPOINTMENT

FORM

_____

Tentative Dissertation Title

_____

Candidate (Print/Type) Candidate Signature Student ID

_____

Candidate Email Date

Program Name: ☐ Curriculum and Instruction - Ed.D. ☐ Leadership - Ed.D.

Chair: _____

Co-Chair (if any): _____

Approved:

_____

Committee Chair Signature Date

_____

Committee Co-Chair Signature Date

DENIED ☐ APPROVED ☐ _____

Doctoral Program Director Signature Date

DENIED ☐ APPROVED ☐ _____

Associate Dean Signature Date

DISSERTATION COMMITTEE APPOINTMENT

FORM

_____

Tentative Dissertation Title

_____

Candidate (Print/Type) Candidate Signature Student ID

_____

Candidate Email Date

Program Name: ☐ Curriculum and Instruction - Ed.D. ☐ Leadership - Ed.D.

Dissertation Committee Members

Committee Chair: _____ _____
Name Signature

Co-Chair (if any): _____ _____
Name Signature

Methodologist: _____ _____
Name Signature

Co-Methodologist (if any):

_____ _____
Name Signature

Member: _____ _____
Name Signature

Member: _____ _____
Name Signature

Attach current vita for any non-College of Education committee member.

Approved:

_____

Committee Chair Signature Date

_____

Committee Co-Chair Signature Date

The Dissertation Committee Chair's signature on the form signifies that the chair has confirmed that each member of the committee has agreed to serve on the committee.

DENIED ☐ APPROVED ☐ _____

Doctoral Program Director Signature Date

DENIED ☐ APPROVED ☐ _____

Associate Dean Signature Date

DISSERTATION PROPOSAL DEFENSE FORM

_____

Proposed Dissertation Title

_____

Candidate Student ID

Date of Proposal Defense: _____

Program Name: ☐ Curriculum and Instruction - Ed.D. ☐ Leadership - Ed.D.

Committee Decision

☐ Pass, with minor or no editorial revisions (revisions are approved by the dissertation chair)
☐ Pass, with revisions (approved by the committee)
☐ Fail, with major revisions prior to a second defense

The Committee Decision is Approved By:

Dissertation Chair: _____ Date_____
Signature

Committee Member: _____
Signature

Committee Member: _____
Signature

Committee Member: _____
Signature

Committee Member: _____
Signature

Dissenting Vote, if any:

Committee Member: _____
Signature

DISSERTATION PROPOSAL SIGNATURE PAGE

- 1.25" margin -

Proposal Title (Double Space)

A Dissertation Research Proposal Presented

by

Candidate

APPROVED BY

_____
Chair

_____
Committee Member

_____
Committee Member

_____
Committee Member

RECEIVED BY THE COLLEGE OF EDUCATION:

_____
Office of the Dean

APPLICATION FOR THE DISSERTATION DEFENSE

University of Houston-Clear Lake School of Education

This application must be submitted to the Office of the Associate Dean after it has been signed by the EdD Candidate and Dissertation Committee Members. It must be submitted to the Office of the Associate Dean at least 5 working days prior to the scheduled dissertation defense.

Candidate (Please Print): _____

Mailing Address: _____

Phone Number: _____ Email: _____

ID#: _____ Dissertation Defense Date: _____

Candidate Signature: _____ Date: _____

Program Name: ☐ Curriculum and Instruction - Ed.D. ☐ Leadership - Ed.D.

Chair: _____ Date: _____

_____ _____

Committee Member Committee Member

_____ _____

Committee Member Committee Member

Date Received in the Associate Dean's Office: _____

DENIED ☐ APPROVED ☐ _____

Associate Dean Signature Date

Note: Forward a completed copy to the program director (and administrative assistant). .

FINAL DEFENSE OF THE DISSERTATION FORM

_____

Dissertation Title

_____

Candidate Student ID

Date of Final Defense: _____

Program Name: ☐ Curriculum and Instruction - Ed.D. ☐ Leadership - Ed.D.

Committee Decision

☐ Pass, with minor or no editorial revisions (revisions are approved by the dissertation chair)
☐ Pass, with revisions (approved by the committee)
☐ Fail, with major revisions prior to a second and final defense option
☐ Fail, with no second defense option.

The Committee Decision is Approved By:

Dissertation Chair: _____ Date_____
Signature

Committee Member: _____
Signature

Committee Member: _____
Signature

Committee Member: _____
Signature

Committee Member: _____
Signature

Dissenting Vote, if any:

Committee Member: _____
Signature

Note: Forward a completed copy to the program director and dean's office (and administrative assistant).

DISSERTATION SIGNATURE PAGE

- 1.25” margin -

Proposal Title (Double Space)

by

Candidate

APPROVED BY

_____

Chair

_____

Committee Member

_____

Committee Member

_____

Committee Member

RECEIVED BY THE COLLEGE OF EDUCATION:

_____

Office of the Dean

DISSERTATION COMMITTEE MEMBER CHANGE FORM

Tentative Dissertation Title

Candidate (Print/Type) Candidate Signature Student ID

Candidate Email Date

Program Name: ☐ Curriculum and Instruction - Ed.D. ☐ Leadership - Ed.D.

New (N) and Returning (R) Dissertation Committee Member(s):

Committee Chair: Name Signature ☐N ☐R

Co-Chair (if any): Name Signature ☐N ☐R

Methodologist: Name Signature ☐N ☐R

Co-Methodologist (if any): Name Signature ☐N ☐R

Member: Name Signature ☐N ☐R

Member: Name Signature ☐N ☐R

Attach current vita for any non-College of Education committee member.

Approved:

Committee Chair Signature Date

Committee Co-Chair Signature Date

The Dissertation Committee Chair's signature on the form signifies that the **new or returning** chair has confirmed that each member of the committee has agreed to serve on the **revised** committee.

DENIED ☐ APPROVED ☐

Doctoral Program Director Signature Date

DENIED ☐ APPROVED ☐

Associate Dean Signature Date