



College of Graduate Studies
VERIFICATION OF Ed.D.
Dissertation

Requirements for Program (Please check appropriate box.)

- Section 1 Only
Both Sections 1 and 2 (If both sections are required, please check even if both are not completed.)

We, the Graduate Committee, hereby certify:

Student Name: Student ID: A

Has successfully completed the following (please check all that apply):

Section 1

- Dissertation

Title:

Leading to the degree of: Major of:

Concentration of: Specialization of:

This certifies that the above candidate satisfactorily completed the above requirement as of Date

Certified by Examining Committee

Major Professor: Printed Name

Signature Date

Second Professor: Printed Name

Signature Date

Third Professor: Printed Name

Signature Date

Fourth Member: Printed Name

Signature Date

Received by: Dean, College of Graduate Studies

Signature Date

Section 2

- Passed Required Written Comprehensive Exam

Certified by Graduate Coordinator	
Printed Name _____	_____
Signature _____	Date _____

Y:\New Forms\CoGS Forms\Verification\Verification_EDD091619