

ME-PD THESIS ORAL DEFENSE FORM

Candidate Name:	
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The candidate has successfully completed the thesis final oral defense.

CHAIR Name:		Department:
Signature:		Date:

MEMBER Name:		Department:
Signature:		Date:

MEMBER Name:		Department:
Signature:		Date:

MEMBER Name:		Department:
Signature:		Date:

We recommend acceptance of this thesis in partial fulfillment of this candidate's requirements for the Master of Education – Professional Development degree.

APPROVAL:

ME-PD Director

Date

DES Chair

Date

Associate Dean, CLS

Date

Director of University Graduate Studies

Date

CC: Thesis Committee Chair, ME-PD Director, CLS Associate Dean, Academic Advisor, Student ME-PD File