



COLLEGE OF EDUCATION

EDUCATIONAL LEADERSHIP PROGRAM

**TDiLP Phase 4 Form:**  
**Doctoral Dissertation Defense Approval Form**  
**Individual Student Form**

Student: \_\_\_\_\_ SU ID #: \_\_\_\_\_

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

	Name		Signature	Date
<b>Content Expert</b>	_____	<input type="checkbox"/> Pass <input type="checkbox"/> Pass with conditions <input type="checkbox"/> No Pass	_____	_____
<b>Community Expert</b>	_____	<input type="checkbox"/> Pass <input type="checkbox"/> Pass with conditions <input type="checkbox"/> No Pass	_____	_____
<b>Inquiry Supervisor</b>	_____	<input type="checkbox"/> Pass <input type="checkbox"/> Pass with conditions <input type="checkbox"/> No Pass	_____	_____

Conditions of approval (if any): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Routing (electronic or paper copy): (1) Student, (2) Inquiry Supervisor & Experts, (3) Program Office

Distribution After Completion (if electronic): (1) Student File

Distribution After Completion (if paper copy): (1) Scan to Student, (2) Student File

Revised: 12/2016

For EDLR Office use only	
Initials:	_____
Date Received:	_____
Recorded:	<input type="checkbox"/>
Date to student:	_____