

## DEPARTMENT OF CURRICULUM AND INSTRUCTION

☐ Approve

☐ Approve

☐ Approve

☐ Disapprove

☐ Disapprove

☐ Disapprove

College of Education

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## **Approval of Doctoral Dissertation**

## STUDENT INFORMATION: Student Z# Name: \_\_\_\_\_ Last First Middle Address: City Zip Code Street State Phone (home): \_\_\_\_\_ Phone (work): \_\_\_\_ Phone (cell): \_\_\_\_\_\_ FAU Email: \_\_\_\_\_ Alternate Email: DATE OF DEFENSE: Dissertation Title: **DISSERTATION WAS:** Modifications need to be sent to Approved Approved with Modifications the department chair and administrative office Approved with Major Modifications Denied **DISSERTATION COMMITTEE DECISION:** Chair of Committee: \_\_\_\_\_\_ Date: \_\_\_\_\_ ☐ Approve ☐ Disapprove Committee Member: Date: ☐ Approve ☐ Disapprove Committee Member: Date: ☐ Approve ☐ Disapprove

Signature of Department Chair:	Date:

Committee Member: Date:

Committee Member: Date:

Committee Member: \_\_\_\_\_\_ Date: \_\_\_\_\_