

Educational Leadership Doctoral Program

Student Name _____ WKU ID _____
(Last) (First) (M/M)

Date Defended _____

TITLE OF DISSERTATION:

Approved with no substantive changes required

Conditional upon revisions made by candidate and approval by dissertation chair

Committee:

Dissertation Chair Signature

Committee Member Signature

Committee Member Signature

Committee Member Signature (optional)

INSTRUCTIONS: After committee members have signed above, submit this form to the Educational Leadership Doctoral Program Office.