

FLORIDA ATLANTIC UNIVERSITY
Department of Educational Leadership
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APPROVAL OF DOCTORAL DISSERTATION	
STUDENT	Z Number
Name:	- -
Address:	
Phone (H):	Phone (W):
E-Mail:	FAX:
Dissertation Title:	
_____ Date of Defense	<input type="checkbox"/> Approved <input type="checkbox"/> Approved with Modification <input type="checkbox"/> Approved with Major Modification <input type="checkbox"/> Denied
<u>COMMENTS:</u>	
SUPERVISORY COMMITTEE	
_____ Chair	_____ _____ _____ _____
_____ Signature Department Chair, Educational Leadership	_____ Date

Committee nominates for award recognition

Original: Student's File
 Copies: Department Notebook
 Student