

Application for Dissertation Defense

Name of EdD Student: _____

CSU ID Number of EdD Student: _____

Name of Doctoral Dissertation Chair: _____

Date: _____ Time: _____ Preferred Location: _____

Title of Dissertation: _____

Abstract: (Copy and paste the Abstract from the dissertation below.)

Signature of EdD Student

Date

Signature of Doctoral Dissertation Chair

Date

This application must be received by Julia Burnett (burnett_julia@columbusstate.edu) two weeks before the scheduled event.

(7/30/2018)