

## Application for Proposal Defense

Name of EdD Student: \_\_\_\_\_

CSU ID Number of EdD Student: \_\_\_\_\_

Name of Doctoral Dissertation Chair: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Preferred Location: \_\_\_\_\_

***Title of Proposed Dissertation:*** \_\_\_\_\_

Statement of the Problem: \_\_\_\_\_

Overarching Research Question(s): \_\_\_\_\_

Proposed Research Design: \_\_\_\_\_

Proposed Data Collection Procedures: \_\_\_\_\_

Proposed Data Analysis: \_\_\_\_\_

\_\_\_\_\_  
Signature of EdD Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Doctoral Dissertation Chair

\_\_\_\_\_  
Date

This application must be received by Julia Burnett ([burnett\\_julia@columbusstate.edu](mailto:burnett_julia@columbusstate.edu)) two weeks before the scheduled event.

(7/30/2018)