



**CALIFORNIA STATE UNIVERSITY, STANISLAUS
DOCTORAL PROGRAM IN EDUCATIONAL LEADERSHIP**

REPORT OF THE DISSERTATION DEFENSE/FINAL EXAMINATION

Student's Name: _____ ID No.: _____

Address: _____

Phone No.: _____ City _____ State _____ Zip _____
E-mail: _____

Area of Concentration: _____ **P-12** _____ **Community College**

Title of the Dissertation: _____

The following members of the Dissertation Committee recommend that the following action be taken on the candidate's oral defense/final examination, held on _____.

_____ Approved, to be conferred _____ term of _____ (year)

_____ Approved with Following Conditions/Recommendations _____

_____ Disapproved

Chair's Name: _____ Signature: _____

Member's Name: _____ Signature: _____

Member's Name: _____ Signature: _____

If approved, the candidate has fulfilled all academic and registration requirements, except graduation and dissertation deposit requirements, at California State University, Stanislaus.

Approved by: _____ Date: _____
Program Director

Approved by: _____ Date: _____
Dean