



# Doctoral Program in Educational Leadership

## Report of the Dissertation Defense/Final Examination

**Student's Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

**Area of Concentration:** \_\_\_\_\_ **P12:**  **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 the Following Conditions/Recommendation \_\_\_\_\_
- Disapproved

**Committee Signatures**

**Approve**

**Disapprove**

Chair's Name:	<input type="checkbox"/>	<input type="checkbox"/>
Member's Name:	<input type="checkbox"/>	<input type="checkbox"/>
Member's Name:	<input type="checkbox"/>	<input type="checkbox"/>
Member's Name:	<input type="checkbox"/>	<input type="checkbox"/>

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