



COLLEGE OF  
**EDUCATION**

Graduate Studies  
TCU BOX 297900  
Fort Worth, TX 76129  
(817) 257-7661

# Thesis/Dissertation Defense Form

Mr./Mrs. \_\_\_\_\_ ID# \_\_\_\_\_  
Last First Middle

The above listed student has satisfactorily completed the oral examination for the:

**EDD/PHD Degree with a Major** in : \_\_\_\_\_

Date of Defense: \_\_\_\_\_  
Month Day Year

**Thesis/Dissertation Title:** \_\_\_\_\_

		Thesis/Dissertation Grades							
_____	Date	_____	_____	_____	_____	_____	_____	_____	_____
Committee Chair/Major Advisor		Course #	Term	Hours	Grade	Course #	Term	Hours	Grade
_____	Date	_____	_____	_____	_____	_____	_____	_____	_____
Committee Member		Course #	Term	Hours	Grade	Course #	Term	Hours	Grade
_____	Date	_____	_____	_____	_____	_____	_____	_____	_____
Committee Member		Course #	Term	Hours	Grade	Course #	Term	Hours	Grade
_____	Date	_____	_____	_____	_____	_____	_____	_____	_____
Associate Dean of Graduate Studies		Course #	Term	Hours	Grade	Course #	Term	Hours	Grade

**TO THE REGISTRAR:** The above listed student has successfully defended his/her Thesis/Dissertation for the EDD/PHD program. All signatures must be obtained before this form becomes valid.

Notes: