

ORAL DEFENSE
GRADUATE SCHOOL
SOUTHERN ILLINOIS UNIVERSITY

An evaluation of Eligibility for the Doctor of Education (Ed.D.) degree in Educational Administration as reported by members of the examination committee.

_____ ID number _____
Name of Student

- 1. Evaluation of Oral Defense of:** Program Evaluation Policy Analysis
 Organizational Innovation Dissertation
Other _____

Title:

2. Members of examining committee and their evaluation of the oral defense:

Recommended Pass		Name (print or type)	Signature	Check if Chair or Co-Chair
Yes	No			

Date: _____