

Joint PhD in Educational Studies Program Oral Examination of the Comprehensive Portfolio Approval Form

Student's Name:

Student's ID:

Date:

Student's Field of Study:

Doctoral Committee Members:

Supervisor: _____

Committee Member: _____

Committee Member: _____

Committee Member (Optional): _____

External Examiner: _____

Associate Dean/Chair Grad Studies in Education (Designate): _____

The signatures below affirm that the named student has successfully completed the portfolio review and the face-to-face meeting to review goals, plans, and accomplishments in the Joint Doctor of Philosophy in Educational Studies Program. S/he has completed the Oral Defense Examination of the Comprehensive Portfolio successfully.

Signatures

Date

Student:	
Supervisor:	
Committee Member:	
Committee Member:	
Committee Member (Optional):	
Associate Dean/Chair (Designate):	
Examiner:	

The Examination Committee recommends that the Comprehensive Portfolio be made available as an exemplar on the secured on-line site of the Joint PhD in Educational Studies. Yes No