**DISSERTATION COMPLETION APPROVAL FORM**

(To be filed with UWT Ed.D. Program and the UW Graduate School)

**Student Information**

Student Instructions:

* Complete all fields on this form. Names must match what is on your title page and the name under which you are enrolled.
* Obtain original (ink) signatures – no faxes, scans, stamps, emails.
* Your signed form may be delivered in person, or by campus or postal mail, and must be received by 5:00 p.m. PST on the last day of the quarter.

UWT Ed.D. Program

WCG 328

1900 Commerce Street

Tacoma, WA 98402

* If your form is incomplete (missing information and/or signatures) or if the Graduate Enrollment Management Services (GEMS) receives it after 5:00 p.m. PST on the last day of the quarter, you will be required to register the following quarter or pay the $250 Graduate Registration Waiver Fee: <http://www.grad.washington.edu/policies/general/regwaiver.shtml>

Student Name: Student ID #:

Quarter/Year Graduation: UW Email Account:

Name of Degree: Ed.D. Program: Educational Leadership Program

**Student Agreement**

I certify that I have presented my supervisory committee with the final copy of my capstone project for examination and approval.

Signature of Student: Date:

**Dissertation Committee Agreement**

I certify that I have examined the final copy of the above student’s dissertation in practice and have found that it is complete and satisfactory in all respects, and that any and all revisions required by the final examining committee have been made.

Signature of Committee Chair: Date:

Print name below signature line: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Reading Committee Member: Date:

Print name below signature line: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Reading Committee Member: Date:

Print name below signature line: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Reading Committee Member: Date:

Print name below signature line: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_