**WESTERN CAROLINA UNIVERSITY GRADUATE SCHOOL
FINAL DISQUISITION COMMITTEE APPROVAL FORM**

 **Program: Educational Leadership**

**Degree: Ed.D.**

Student’s Name: Student’s 92#:

Final Title:

Disquisition required an IRB: No Graduation Term:

Disquisition Committee Members*: (wet or electronic signatures are acceptable)*

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| --- | --- | --- |
| Chair:  | Signature:  | Date:  |
|  |
| Member 1:  | Signature:  | Date:  |
| Member 2:  | Signature:  | Date:  |
| Member 3:  | Signature:  | Date:  |
| Member 4:  | Signature: | Date:  |
| Dean of the Graduate School & Research: Brian Kloeppel, Ph.D. | Signature:  | Date:  |

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Student’s Signature:

Date of Successful Defense: