



**From the Office of  
Doctoral Studies in Educational Leadership at Lamar University**

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Subject: Dissertation Forms  
To: Cohort III Members  
From: Dr. Sandra Harris, Director-Doctoral Studies in Educational Leadership  
Date: Friday, May 16, 2008

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List of Dissertation Forms:

- D-1 Appointment of Doctoral Dissertation Committee
- F-2 Approval of Prospectus
- D-3a Doctoral Degree Plan (submitted by Doc office)
- D-3b Doctoral Degree Plan (submitted by Doc office)
- D-4a Application for Advancement to Candidacy
- D-4b Dissertation Proposal Defense Report
- D-4c Advancement to Candidacy Certificate of Approval
- D-5 Schedule for Doctoral Dissertation Oral Defense
- D-6 Transfer Credit (submitted by Doc office when appropriate)
- D-7 Doctoral Dissertation Defense Report
- F-8 Doctoral Dissertation Approval
- D-15 Request to Change Doctoral Course Program/Committee (submitted by Doc office when appropriate)

Forms should be:

- Completely filled out- neatly
  - Typed
  - Delete extra signature lines
  - Chair/committee member names should be typed in
- Print and submit
  - Printed forms should be submitted in a folder
  - Print your name on the outside of the folder
  - Folder should be submitted to the Doc office on or before **Friday, June 13**
- **SAVE ALL** copies of your forms on your flash drive



EXAMPLE



# LAMAR UNIVERSITY

A Member of the Texas State University System

## APPOINTMENT OF DOCTORAL DISSERTATION COMMITTEE

Summerville

Last Name

Sunny

First Name

C.

MI

111-22-333

Student ID

1245 Sunshine Lane

Address

Clear Day, TX

City, State

(409) 555-5555

Telephone

sunny@sunshine.net

E-mail

Proposed title of dissertation: The Impact of Constant Cloudless Days on Students Attending Clear Day Independent School District: A Case Study

### Required Signatures:

Student: Sunny C. Summerville

Date: August 8, 2008

Windy Day

*Windy Day*

Chair

EDUD

Department

Prof.

Rank

Stormy Gail

*Stormy Gail*

Committee Member

EDLD

Department

Assoc. Prof.

Rank

Pourin Rein

*Pourin Rein*

Committee Member

Psych

Department

Assist. Prof.

Rank

\_\_\_\_\_  
Director of Doctoral Program

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chair of Educational Leadership

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean of College of Education

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean of College of Graduate Studies

\_\_\_\_\_  
Date

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**LAMAR UNIVERSITY**  
A Member of the Texas State University System

**Approval of Prospectus**

To: Director of Doctoral Program

Date of Committee Meeting: **Leave blank**

Re: \_\_\_\_\_  
Last Name First Name MI

Members of the Doctoral Dissertation Committee have met to discuss the prospectus and report the result as follows:

Satisfactory

Unsatisfactory

Title of Prospectus: \_\_\_\_\_  
\_\_\_\_\_

**Required Signatures: (TYPE IN NAMES LEAVE SPACE FOR SIGNATURES)**

	Satisfactory	Unsatisfactory
_____	_____	_____
Dissertation Chair		
_____	_____	_____
Committee Member		
_____	_____	_____
Committee Member		
_____	_____	_____
Committee Member		

**\*Add or delete lines as necessary to accommodate above signatures**

EXAMPLE



**LAMAR UNIVERSITY**  
A Member of the Texas State University System

### Approval of Prospectus

To: Director of Doctoral Program

Date of Committee Meeting: \_\_\_\_\_

Re: Summerville  
Last Name

Sunny  
First Name

C.  
MI

Members of the Doctoral Dissertation Committee have met to discuss the prospectus and report the result as follows:

Satisfactory

Unsatisfactory

Title of Prospectus: The Impact of Constant Cloudless Days on Students Attending Clear Day Independent School District: A Case Study

Required Signatures:

	Satisfactory	Unsatisfactory
<u>Windy Day</u> _____ <i>Windy Day</i> Dissertation Chair		<u>X</u>
<u>Stormy Gail</u> _____ <i>Stormy Gail</i> Committee Member		<u>X</u>
<u>Pourin Rein</u> _____ <i>Pourin Rein</i> Committee Member		<u>X</u>

(This form is filled out by the Doc office)  
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**LAMAR UNIVERSITY**  
A Member of the Texas State University System  
**College of Education & Human Development**

**DOCTORAL Degree Plan - EDUCATIONAL LEADERSHIP**  
Submit to College of Graduate Studies prior to the last 12 hours

**Program of Study: Ed.D. Educational Leadership**

Name \_\_\_\_\_ Student ID \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Master's Degree from (Institution) \_\_\_\_\_ Date \_\_\_\_\_

Bachelor's Degree from (Institution) \_\_\_\_\_ Date \_\_\_\_\_

Major: Educational Leadership

Concentration:  Higher Education  Effective Schools  Diversity/Multiculturalism

GRE Scores \_\_\_\_\_(Verbal) \_\_\_\_\_(Quantitative) \_\_\_\_\_(Written) GPA (Last 60 hrs.) \_\_\_\_\_

Admission Status \_\_\_\_\_

Required Signatures:

\_\_\_\_\_  
Director of Doctoral Program \_\_\_\_\_ Date

\_\_\_\_\_  
Chair of Educational Leadership \_\_\_\_\_ Date

\_\_\_\_\_  
Dean of College of Education \_\_\_\_\_ Date

\_\_\_\_\_  
Dean of College of Graduate Studies \_\_\_\_\_ Date

**D-3a**

**(This form is filled out by the Doc office)**

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**LAMAR UNIVERSITY**  
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Student: \_\_\_\_\_

I.D.: \_\_\_\_\_

Course #	Course Title	Hrs	Sem/Yr Taken	Sem/Yr Complete	Grade
<b>Total Transfer</b>					
<b>Total Core</b>		<b>21</b>			
EDUD 6301	Learning Theories	3			
EDUD 6302	Professional Ethics/Values	3			
EDUD 6303	Diversity & Learning	3			
EDUD 6305	Organizational Change	3			
EDUD 6306	Dynamics of Leadership	3			
EDUD ?	Scholarly Writing	3			
EDUD 6315	Field-Based Internship	3			
<b>Total Research</b>		<b>12</b>			
EDUD 6350	Applied Research	3			
EDUD 6351	Quantitative Research	3			
EDUD 6352	Qualitative Research	3			
EDUD 6353	Synthesis Seminar	3			
<b>Total Electives</b>		<b>15</b>			
	Elective	<b>3</b>			
	Elective	<b>3</b>			
	Elective	<b>3</b>			
	Elective	<b>3</b>			
	Elective	<b>3</b>			
	Elective	<b>3</b>			
<b>Total Dissertation</b>		<b>12</b>			
EDUD 6361	Diss. I-Proposal Writing	3			
EDUD 6362	Diss. II-Proposal Defense	3			
EDUD 6363	Dissertation III	3			
EDUD 6364	Dissertation IV	3			
<b>TOTAL CREDITS REQUIRED</b>		<b>60</b>			

D-3b

(This form is filled out by the Doc office)

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**LAMAR UNIVERSITY**  
A Member of the Texas State University System

**APPLICATION FOR ADVANCEMENT TO CANDIDACY**

To: Dean of College of Graduate Studies

Date: **Leave Blank**

From: \_\_\_\_\_  
Last Name First Name MI

I have successfully completed EDUD 6353 Synthesis. I hereby make formal application to be advanced to Candidacy for a doctoral degree. In partial fulfillment of the requirements for this degree, I shall submit a dissertation proposal in the general area of:

\_\_\_\_\_  
\_\_\_\_\_

**\*TYPE IN COMMITTEE MEMBERS' NAMES (COMMITTEE MEMBERS DO NOT SIGN)\***

Committee Member: \_\_\_\_\_

Committee Member: \_\_\_\_\_

Committee Member: \_\_\_\_\_

**\*ADD OR DELETE LINES AS NECESSARY TO ACCOMMODATE ABOVE SIGNATURES**

**Required Signatures:**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Dissertation Chair: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Director of Doctoral Program Date

\_\_\_\_\_  
Chair of Educational Leadership Date

\_\_\_\_\_  
Dean of College of Education Date

\_\_\_\_\_  
Dean of College of Graduate Studies Date

D-4a



**LAMAR UNIVERSITY**  
A Member of the Texas State University System

**APPLICATION FOR ADVANCEMENT TO CANDIDACY**

To: Dean of College of Graduate Studies

Date: \_\_\_\_\_

From: Summerville  
Last Name

Sunny  
First Name

C.  
MI

I have successfully completed EDUD 6353 Synthesis. I hereby make formal application to be advanced to Candidacy for a doctoral degree. In partial fulfillment of the requirements for this degree, I shall submit a dissertation proposal in the general area of:

The Impact of Constant Cloudless Days on Students Attending Clear Day Independent School District: A Case Study

Committee Member: Stormy Gail

Committee Member: Pourin Rein

Required Signatures:

Student: Sunny C Summerville

Date: August 8, 2008

Dissertation Chair: Windy Day *Windy Day*

Date: 8-8-08

\_\_\_\_\_  
Director of Doctoral Program

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chair of Educational Leadership

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean of College of Education

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean of College of Graduate Studies

\_\_\_\_\_  
Date

D-4a

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**LAMAR UNIVERSITY**  
A Member of the Texas State University System

**DISSERTATION PROPOSAL DEFENSE REPORT FORM**

\_\_\_\_\_  
Last Name                      First Name                      MI                      Student ID

Members of the Doctoral Dissertation Committee have given the oral proposal defense for the Doctor of Education degree with a major in Educational Leadership and certify that it has been approved by a majority of the committee.

Proposal Title: \_\_\_\_\_

\_\_\_\_\_

Date of Proposal Hearing: **Leave Blank**

**Required Signatures: (Type in Names, Leave Space for Signatures)**

	Approved	Not Approved
_____ Dissertation Chair	_____	_____
_____ Committee Member	_____	_____
_____ Committee Member	_____	_____
_____ Committee Member	_____	_____

**\*Add or delete lines as necessary to accommodate above signatures**

\_\_\_\_\_  
Director of Doctoral Program                      Date

\_\_\_\_\_  
Chair of Educational Leadership                      Date

\_\_\_\_\_  
Dean of College of Education                      Date

\_\_\_\_\_  
Dean of College of Graduate Studies                      Date

D-4b

EXAMPLE



LAMAR UNIVERSITY

A Member of the Texas State University System

DISSERTATION PROPOSAL DEFENSE REPORT FORM

Summerville

Last Name

Sunny

First Name

C

MI

111-22-333

Student ID

Members of the Doctoral Dissertation Committee have given the oral proposal defense for the Doctor of Education degree with a major in Educational Leadership and certify that it has been approved by a majority of the committee.

Proposal Title: The Impact of Constant Cloudless Days on Students Attending Clear Day Independent

School District: A Case Study

Date of Proposal Hearing:

Required Signatures:

Approved

Not Approved

Windy Day Windy Day

Dissertation Chair

X

Stormy Gail Stormy Gail

Committee Member

X

Pourin Rein Pourin Rein

Committee Member

X

Director of Doctoral Program

Date

Chair of Educational Leadership

Date

Dean of College of Education

Date

Dean of College of Graduate Studies

Date



EXAMPLE



LAMAR UNIVERSITY

A Member of the Texas State University System

ADVANCEMENT TO CANDIDACY CERTIFICATE OF APPROVAL

Date: [redacted]

[redacted]

Last Name

[redacted]

First Name

[redacted]

MI

[redacted]

Student ID

has met Doctoral Program Requirements necessary for Advancement to Candidacy by successfully completing the following:.

\_\_\_EDUD 6353

\_\_\_All Academic Requirements

\_\_\_Proposal Defense

Required Signatures:

[redacted]

*Windy Day*

Dissertation Chair

[redacted]

*Stormy Gail*

Committee Member

[redacted]

*Pourin Rein*

Committee Member

\_\_\_\_\_  
Director of Doctoral Program

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chair of Educational Leadership

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean of College of Education

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean of College of Graduate Studies

\_\_\_\_\_  
Date

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**LAMAR UNIVERSITY**  
A Member of the Texas State University System

**SCHEDULE for DOCTORAL DISSERTATION ORAL DEFENSE**  
**Doctor of Education in Educational Leadership**

Student Name: \_\_\_\_\_

Title of Dissertation: \_\_\_\_\_

\_\_\_\_\_

*(Attach copy of 1-page dissertation abstract)*

Date and Day of Week: \_\_\_\_\_

Time of Oral Defense: \_\_\_\_\_

Location of Defense: Education Building Room 206C

***(TYPE IN CHAIR/COMMITTEE NAMES. CHAIR/COMMITTEE DO NOT SIGN)***

Dissertation Chair: \_\_\_\_\_

Committee Member: \_\_\_\_\_

Committee Member: \_\_\_\_\_

Committee Member: \_\_\_\_\_

***\*Add or delete lines as necessary to accommodate above signatures***

**Required Signatures:**

\_\_\_\_\_  
Director of Doctoral Program

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chair of Educational Leadership

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean of College of Education

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean of College of Graduate Studies

\_\_\_\_\_  
Date

EXAMPLE



**LAMAR UNIVERSITY**

A Member of the Texas State University System

**SCHEDULE for DOCTORAL DISSERTATION ORAL DEFENSE  
Doctor of Education in Educational Leadership**

Student Name: **Sunny C. Summerville**

Title of Dissertation: **The Impact of Constant Cloudless Days on Students Attending Clear Day  
Independent School District: A Case Study**

*(Attach copy of 1-page dissertation abstract)*

Date and Day of Week: **Friday, December 1, 2008**

Time of Oral Defense: **10:30 A.M.**

Location of Defense: Education Building Room 206C

Dissertation Chair: **Windy Day**

Committee Member: **Stormy Gail**

Committee Member: **Pourin Rein**

Required Signatures:

\_\_\_\_\_  
Director of Doctoral Program

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chair of Educational Leadership

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean of College of Education

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean of College of Graduate Studies

\_\_\_\_\_  
Date



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**LAMAR UNIVERSITY**  
A Member of the Texas State University System

**DOCTORAL DISSERTATION DEFENSE REPORT FORM**

To: Dean of College of Graduate Studies

Date of Defense: **Leave Blank**

\_\_\_\_\_  
Last Name                                      First Name                                      MI                                      Student ID

Members of the Doctoral Dissertation Committee have given the final examination for the Doctor of Education degree with a major in Educational Leadership. The results are:

- Successful
  - Student has met all departmental and university requirements
  - Dissertation completed (\_\_\_\_\_ copies to be forwarded to EDL Dept.)
  
- Unsuccessful (If not approved, attach separate page with reasons and recommendations.)

**Required Signatures: (TYPE IN NAMES, LEAVE SPACE FOR SIGNATURES)**

\_\_\_\_\_  
Dissertation Chair

\_\_\_\_\_  
Committee Member

\_\_\_\_\_  
Committee Member

\_\_\_\_\_  
Committee Member

**\*Add or delete lines as necessary to accommodate above signatures**

\_\_\_\_\_  
Director of Doctoral Program                                      Date

\_\_\_\_\_  
Department Chair of Educational Leadership                                      Date

\_\_\_\_\_  
Dean of College of Education                                      Date

\_\_\_\_\_  
Dean of College of Graduate Studies                                      Date

EXAMPLE



LAMAR UNIVERSITY
A Member of the Texas State University System

DOCTORAL DISSERTATION DEFENSE REPORT FORM

To: Dean of College of Graduate Studies

Date of Defense: [Redacted]

Summerville
Last Name

Sunny
First Name

C.
MI

111-22-333
Student ID

Members of the Doctoral Dissertation Committee have given the final examination for the Doctor of Education degree with a major in Educational Leadership. The results are:

- [ ] Successful
[ ] Student has met all departmental and university requirements
[ ] Dissertation completed (\_\_\_\_\_ copies to be forwarded to EDL Dept.)
[ ] Unsuccessful (If not approved, attach separate page with reasons and recommendations.)

Required Signatures:

Approved: Yes No

Windy Day
Dissertation Chair

X

Stormy Gail
Committee Member

X

Pourin Rein
Committee Member

X

Director of Doctoral Program

Date

Department Chair of Educational Leadership

Date

Dean of College of Education

Date

Dean of College of Graduate Studies

Date

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**LAMAR UNIVERSITY**  
A Member of the Texas State University System

**DOCTORAL DISSERTATION APPROVAL**

This form is to be completed by the student, signed by the Dissertation Chair and the Director of the Doctoral Program and submitted to the Office of Graduate Studies with each submission of the dissertation. The Office of Graduate Studies does not provide editorial service. Work which has grammatical, spelling, and/or style problems will be returned to the student.

_____	_____	<u>Educational Leadership</u>	<u>APA 5<sup>th</sup> Ed.</u>
Student Name	Student ID	Department	Style
_____	_____		
Telephone Number	E-Mail Address		

I certify that I have read this preliminary work and approve its submission to the College of Graduate Studies. Although it is subject to changes resulting from the oral defense, I consider its academic merit to meet the standards of the discipline and the University department. Further I certify that I have reviewed the work for conformation to the approved style manual, APA 5<sup>th</sup> edition and for grammatical and spelling errors. I understand that the Office of Graduate Studies will assist students in matters relating to *style conformation* but will return this work to the dissertation chair if significant problems are found.

**Required Signatures:**

_____	_____
Dissertation Chair	Date
_____	_____
Director of Doctoral Program	Date



**LAMAR UNIVERSITY**  
A Member of the Texas State University System

**DOCTORAL DISSERTATION APPROVAL**

This form is to be completed by the student, signed by the Dissertation Chair and the Director of the Doctoral Program and submitted to the Office of Graduate Studies with each submission of the dissertation. The Office of Graduate Studies does not provide editorial service. Work which has grammatical, spelling, and/or style problems will be returned to the student.

<u>Sunny C. Summerville</u> Student Name	<u>111-22-333</u> Student ID	<u>Educational Leadership</u> Department	<u>APA 5<sup>th</sup> Ed.</u> Style
<u>(409) 555-5555</u> Telephone Number	<u>sunny@sunshine.net</u> E-Mail Address		

I certify that I have read this preliminary work and approve its submission to the College of Graduate Studies. Although it is subject to changes resulting from the oral defense, I consider its academic merit to meet the standards of the discipline and the University department. Further I certify that I have reviewed the work for conformation to the approved style manual, APA 5<sup>th</sup> edition and for grammatical and spelling errors. I understand that the Office of Graduate Studies will assist students in matters relating to *style conformation* but will return this work to the dissertation chair if significant problems are found.

Required Signatures:

_____	_____
Dissertation Chair	Date
_____	_____
Director of Doctoral Program	Date

(This form is filled out by the Doc office)  
**INSTRUCTIONAL ONLY! DO NOT USE!**



**REQUEST TO CHANGE DOCTORAL COURSE  
PROGRAM/COMMITTEE**

Student's Name: \_\_\_\_\_ Major: \_\_\_\_\_ LU I.D.: \_\_\_\_\_

Address: \_\_\_\_\_

**Proposed Course Changes (include course number, course title and semester):**

**Remove:**

**Add:**

**Proposed Dissertation Committee Changes:**

**Remove:**

**Add:**

**Required Signatures:**

\_\_\_\_\_  
Student Date

\_\_\_\_\_  
Director, Doctoral Program Date

\_\_\_\_\_  
Chair, Educational Leadership Date

\_\_\_\_\_  
Dean of College of Education and Human Development Date

.....  
\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved

\_\_\_\_\_  
Dean of Graduate College Date

Submit signed original to the Graduate Office. The Graduate Office will distribute copies to the Department and Student.