

PROPOSAL FOR EDD CULMINATING PROJECT – OUTCOME OF REVIEW

CANDIDATE INFORMATION

		N
First Name	Last Name	ID Number
Department	Program Title	Program Code

TITLE OF PROJECT:

THE REVIEW PANEL

The review panel consists of the Doctoral Committee Chairperson and Committee Members. Additional reviewers are not required according to EdD policy, but may be included at the discretion of the program faculty.

This form should be submitted by the Doctoral Committee Chairperson to the Office of Doctoral Studies after the review. Copies should be distributed to the candidate, committee members, and the department administrator.

DATE OF REVIEW: _____

OUTCOME OF REVIEW

- ___ I. **Proposal Approved** (Review Panel may have offered suggestions which are not a matter of official record.)
- ___ II. **Proposal Approved with Agreed Upon Revisions** (Attached are the review panel’s comments and the candidate’s response, endorsed by the chairperson of the doctoral committee.)
- ___ III. **Proposal Disapproved** (Basis for disapproval attached. The proposal should be submitted for re-review after it has been reworked and approved by the doctoral committee.)

Name (print clearly or type)	*Signature
Committee Chair _____	_____
Member _____	_____
Member _____	_____
Member _____	_____
Reviewer _____	_____
Reviewer _____	_____

*Note: Signatures of the Doctoral Committee Chairperson and Members are required. Reviewers, if included as part of the panel, should also sign this form.