

## **Final Approval of Doctoral Research Project**

<b>Doctoral Research Project Dir</b>	rector:	
Candidate Name:		
Candidate ID Number:		
<b>Department/Program/School</b> :	Teaching & Learning Sciences/ Curriculum &	k Instruction
Degree: Doctor of Education		

Date of Oral Defense:

**Title of Doctoral Research Project:** 

As the research project director for the above named candidate, I certify that the student has completed all revisions required by the oral defense committee and the student's doctoral research project requires no further revisions. I certify that it is complete and it is ready to be submitted for publishing.

Signature: \_

Research Project Director

Date

## **Instructions for Doctoral Research Project Director**

- The above signature is an official confirmation of research project completion. Submit this form to the Academic Services Associate for Teaching and Learning Sciences.
- Doctoral Research Projects need to be completed prior to the last day of the quarter. Projects completed after this date will be considered late and will result in delayed graduation.
- After final approval of the Doctoral Research Project, the student should be instructed to submit a final copy of their project to the university's digital upload database.

Thank you for your contribution to this student's doctoral research project.