Doctoral Program in Educational Leadership and Administration
DATE Notification for ORAL Portion of COMPREHENSIVE Exam

Form: EdD6

Candidate:_____ Cohort #___ Date Entered Program_____
Print name

Date of Notification _____

The **ORAL Exam Portion of the Comprehensive Exam** is scheduled for the candidate listed above:

On _____
(date)

At _____
(time)

Place: _____
(location)

_____ _____Date
(Administrative Assistant, Signature)

_____ _____Date
(Candidate Signature)

_____ _____Date
Chair, Dept. of Educational Leadership
Signature