Doctoral Program in Educational Leadership and Administration
Notification of PROPOSAL Hearing

Form: EdD10

Candidate:_____ Cohort #___ Date Entered Program_____
Print name

Date of Notification _____

The **PROPOSAL Hearing** is scheduled for the candidate listed above:

On _____
(date)

At _____
(time)

Place: _____
(location)

_____ (Administrative Assistant, Signature) _____ Date

_____ (Candidate Signature) _____Date

_____ (Signature) _____Date
Chair, Dept. of Educational Leadership