Doctoral Program in Educational Leadership and Administration
REQUEST ORAL Portion of COMPREHENSIVE Exam

Form: EdD5

Candidate:_____ Cohort #___ Date Entered Program_____
Print name

Date of Request _____

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_____ _____ (Dept.)
Signature (Committee Chair)

_____ _____ (Dept.)
Signature (Committee Co-Chair)

_____ _____ (Dept.)
Signature (Committee Member)

_____ (Candidate Signature) _____Date

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