



# Department of Teacher Education EDCI 797 Dissertation Hours Form

Student Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Semester/Year: \_\_\_\_\_

Hours requested: \_\_\_\_\_

Goal(s):

Timeline:

Grade:

Pass

Fail

Instructor Comments on product:

## **Beginning Course Signatures**

\_\_\_\_\_  
*Student's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Faculty's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Chair/Assistant Chair's Signature*

\_\_\_\_\_  
*Date*

## **Ending Course Signatures**

\_\_\_\_\_  
*Student's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Faculty's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Chair/Assistant Chair's Signature*

\_\_\_\_\_  
*Date*

**Copy to:** Student \_\_\_\_\_ Faculty \_\_\_\_\_ Department \_\_\_\_\_