

***AUTHORIZATION TO DEFEND THE DISSERTATION***  
**Special Education Intensive Study Area**  
**College of Education**  
**University of Northern Iowa**

\_\_\_\_\_ Special Education \_\_\_\_\_  
Student Name Intensive Study Area

\_\_\_\_\_  
Student Number

The doctoral dissertation submitted by the above student is acceptable in substance and form.  
The student is hereby authorized to schedule the formal oral defense of the dissertation.

Dissertation title: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Co-Chair or Member (circle one) \_\_\_\_\_  
Dissertation Chair/Co-Chair (circle one)

\_\_\_\_\_ Member \_\_\_\_\_  
Member

\_\_\_\_\_ Member \_\_\_\_\_  
Member

\_\_\_\_\_ Date \_\_\_\_\_  
ISA Department Head

\_\_\_\_\_ Date \_\_\_\_\_  
COE Dean's Office