

## M-Form: For Verifying Completion of Dissertation in Practice for Doctor of Education Degrees

**M-Form Due Date:** [buffalo.edu/grad/succeed/graduate/electronic-submission.html](http://buffalo.edu/grad/succeed/graduate/electronic-submission.html)

The Dissertation in Practice committee must be comprised of at least two members: a major professor and one additional committee member. The major professor must be a Member of the UB Graduate Faculty, and the second committee member must be an Associate Member or Member.

[buffalo.edu/grad/succeed/current-students/grad-faculty.html](http://buffalo.edu/grad/succeed/current-students/grad-faculty.html)

For Degree Conferral on: February 1, 20\_\_\_\_\_ June 1, 20\_\_\_\_\_ August 31, 20\_\_\_\_\_  
(Fall) (Spring) (Summer)

Student Name \_\_\_\_\_ Person Number \_\_\_\_\_

Program Title \_\_\_\_\_

**1. Dissertation in Practice Defense:** We certify that on (date) \_\_\_\_\_, the above-named student successfully defended their doctoral dissertation in practice.

Major Advisor(s) \_\_\_\_\_  
Print Name Signature Date

Committee Member \_\_\_\_\_  
Print Name Signature Date

Committee Member (optional) \_\_\_\_\_  
Print Name Signature Date

Committee Member (optional) \_\_\_\_\_  
Print Name Signature Date

**2. Student Attestation of Dissertation in Practice Originality and Integrity:** With my signature below, I attest to the originality and integrity of the doctoral dissertation in practice that I have submitted to my advisor(s) and committee for final approval. All work therein is original or properly attributed and cited.

Student \_\_\_\_\_  
Print Name Signature Date

**3. Faculty Acceptance of Final Dissertation in Practice Document:** On (date) \_\_\_\_\_, I received the above-named student's final dissertation in practice. I certify that this document, including revisions required post-defense, has been fully examined and approved by myself and all committee members. We deem it acceptable for submission to the Graduate School in fulfillment of the final requirements for the Doctor of Education degree.

Title of Final Dissertation in Practice:

Major Advisor(s) \_\_\_\_\_  
Print Name Signature Date

Chair/Dir. of Grad. Studies \_\_\_\_\_  
Print Name Signature Date

**Completed M-forms must be submitted by the department to the Graduate School at [grad@buffalo.edu](mailto:grad@buffalo.edu).**