



LEHIGH
UNIVERSITY

**College of
Education**

PH.D. OR ED.D. CANDIDATES

COMMENCEMENT PROGRAM INFORMATION

TO BE COMPLETED BY THE STUDENT AT TIME OF CLEARANCE BY THE COLLEGE OF EDUCATION.

NOTE: This information will appear as you present it in the Commencement Day Program.

NAME: _____
 First **Middle** **Last**

PREVIOUS DEGREE(S):
(e.g.: A.B., B.A., B.S., M.A., M.ED., M.S.)

INSTITUTION(S):

AREA OF DOCTORAL STUDY:

DISSERTATION TITLE:

Complete this form and return to Lehigh's College of Education Dean's Office.