DISSERTATION COMMITTEE APPOINTMENT

FORM

_____

Tentative Dissertation Title

_____

Candidate (Print/Type) Candidate Signature Student ID

_____

Candidate Email Date

Program Name: ☐ Curriculum and Instruction - Ed.D. ☐ Leadership - Ed.D.

Dissertation Committee Members

Committee Chair: _____ _____
Name Signature

Co-Chair (if any): _____ _____
Name Signature

Methodologist: _____ _____
Name Signature

Co-Methodologist (if any):

_____ _____
Name Signature

Member: _____ _____
Name Signature

Member: _____ _____
Name Signature

Attach current vita for any non-College of Education committee member.

Approved:

_____

Committee Chair Signature Date

_____

Committee Co-Chair Signature Date

The Dissertation Committee Chair's signature on the form signifies that the chair has confirmed that each member of the committee has agreed to serve on the committee.

DENIED ☐ APPROVED ☐ _____

Doctoral Program Director Signature Date

DENIED ☐ APPROVED ☐ _____

Associate Dean Signature Date