ATTACHMENT 4

EDCI DISSERTATION COMMITTEE APPOINTMENT FORM

_____
Tentative Dissertation Title

_____
Candidate (Print/Type) Candidate Signature Student ID

_____
Candidate Email Date

Dissertation

Committee Chair: _____ _____
Name Signature

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

Methodologist: _____ _____
Name Signature

Dissertation

Committee Members: _____ _____
Name Signature

_____ _____
Name Signature

_____ _____
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 Chair Signature Date

DENIED ☐ APPROVED ☐ _____
Associate Dean Signature Date