

EDCI DISSERTATION COMMITTEE APPOINTMENT FORM

Tentative Dissertation Title

Candidate (Print/Type)	Candidate Signature	Student ID
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Candidate Email	Date
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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
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Committee Co-Chair Signature	Date
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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