

ATTACHMENT 2

EDLS 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

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