



# Dissertation Committee Proposal Form

## Doctoral Candidate Information

Student ID: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Phone Number (Home): \_\_\_\_\_ Alternate Phone (Cell): \_\_\_\_\_

E-mail: \_\_\_\_\_ Alternate E-mail: \_\_\_\_\_

Date Submitted: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Title of Proposed Dissertation: \_\_\_\_\_

## Committee Information

### CHAIR:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Phone Number (Home): \_\_\_\_\_ Alternate Phone (Cell): \_\_\_\_\_

E-mail: \_\_\_\_\_ Institutional Affiliation: \_\_\_\_\_

Holds earned doctorate     Completed dissertation     Current CV (résumé) of each proposed committee member

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### PROPOSED COMMITTEE MEMBER:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Phone Number (Home): \_\_\_\_\_ Alternate Phone (Cell): \_\_\_\_\_

E-mail: \_\_\_\_\_ Institutional Affiliation: \_\_\_\_\_

Holds earned doctorate     Completed dissertation     Current CV (résumé) of each proposed committee member

Other special qualification \_\_\_\_\_  
(explain)

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### PROPOSED COMMITTEE MEMBER:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Phone Number (Home): \_\_\_\_\_ Alternate Phone (Cell): \_\_\_\_\_

E-mail: \_\_\_\_\_ Institutional Affiliation: \_\_\_\_\_

Holds earned doctorate     Completed dissertation     Current CV (résumé) of each proposed committee member

Other special qualification \_\_\_\_\_  
(explain)

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Required Attachments:**     Current CV (résumé) of each proposed committee member

### OFFICE USE ONLY:

Proposed Chair:     Approved     Disapproved Reason: \_\_\_\_\_

Committee Member:     Approved     Disapproved Reason: \_\_\_\_\_

Committee Member:     Approved     Disapproved Reason: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Director of Doctor of Education Program Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_