

Dissertation in Practice Committee Request Form

Student Name	
Working Project Title	

<p><input type="checkbox"/> Formation of Supervisory Committee</p> <p>_____</p> <p>Printed Name of Chair</p> <p>_____</p> <p>Chair Signature Date</p> <p>_____</p> <p>Printed Name of 2nd Member/Co-Chair</p> <p>_____</p> <p>2nd Member/Co-Chair Signature Date</p> <p>_____</p> <p>Printed Name of 3rd Committee Member</p> <p>_____</p> <p>Email Address of 3rd Committee Member</p> <p>_____</p> <p>Employer/Organization of 3rd Committee Member</p> <p>_____</p> <p>Signature Date</p>	<p><input type="checkbox"/> Revision of Supervisory Committee</p> <p>_____</p> <p>in place of</p> <p>_____</p> <p>Please list entire revised Supervisory Committee (Signatures required only of new supervisory committee members.)</p> <p>_____</p> <p>Printed Name of Chair</p> <p>_____</p> <p>Chair Signature Date</p> <p>_____</p> <p>Printed Name of Committee Member</p> <p>_____</p> <p>Signature Date</p>
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Director of the Ed.D. Program Approval _____ Date _____
