Student Name

DOCTORAL PROGRAM in EDUCATIONAL LEADERSHIP (EdD)

Dissertation in Practice Committee Request Form

Working Project Title	
☐ Formation of Supervisory Committee	☐ Revision of Supervisory Committee
Printed Name of Chair	
	in place of
Chair Signature Date	
	Please list entire revised Supervisory Committee (Signatures required only of new supervisory committee members.)
Printed Name of 2 nd Member/Co-Chair	
	Printed Name of Chair
2nd Member/Co-Chair Signature Date	Chair Signature Date
Printed Name of 3 rd Committee Member	Chair Signature Date
Email Address of 3 rd Committee Member	Printed Name of Committee Member
Employer/Organization of 3 rd Committee Member	Signature Date
Signature Date	
Director of the Ed.D. Program Approval	Date
Director of the Eu.D. Program Approvai	Date