

Dissertation in Practice Committee Membership Form

Student Name	Student ID
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Working Project Title

FORMATION OF SUPERVISORY COMMITTEE

Printed Name of Committee Chair	Printed Name of 2nd Committee Member or Co-Chair
Signature of Committee Chair	Signature of 2nd Committee Member or Co-Chair
Date	Date

Printed Name of 3rd Committee Member	
Email Address of 3rd Committee Member	
Employer/Organization of 3rd Committee Member	
Do you have (or have ever had) a UW Email Address? YES or NO	
Signature of 3rd Committee Member	
Date	

Signature Approval of Ed.D. Director	Date
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REVISION OF SUPERVISORY COMMITTEE

Complete this section only if you wish to revise the member(s) of your current supervisory committee

Name of member being replaced	
New Committee Member Name	
UW Email (or alternative email)	
Signature of new committee member	
Date	
Signature Approval of Ed.D. Director	
Date	