

APPOINTMENT OF DISSERTATION COMMITTEE



Revised: 04/02

Department of Educational Administration and Policy Studies
School of Education

Memo to: Chair, SOE Academic Council

From: _____ (Signature, Chair of Department of EAPS)

Date: _____

Subject: Appointment of Dissertation Committee

Student Name			
Student ID Number			
Address			
City		State	Zip
Phone (Home)	()	Phone (Work)	()
Email			

Title of Approved Dissertation Proposal:

The faculty designated below have agreed to serve on the dissertation committee for the above named student:

Title	Faculty Name	Department	Signature
Chair			
Member			
Member			
Member			

Recorded by SOE Academic Council:

Signature, Chair of SOE Academic Council

Date

Instruction: Complete this form and send original and 1 copy to the Chair, SOE Academic Council. The original will be returned; the copy will be filed by the Academic Council.

cc: Department File
Advisor
Student