



# 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Term of Registration for Dissertation Block One: \_\_\_\_\_  
(term & year)

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

## Committee Information

### PROPOSED 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:     Dissertation Prospectus     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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Chair, Dept. of Educational Leadership, Learning & Curriculum Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_