

**SCHOOL OF GRADUATE STUDIES
& COLLEGE OF EDUCATION AND HUMAN SERVICES
SUPERVISORY COMMITTEE APPROVAL**

Degree Sought: PhD ____ or EdD ____
Interdepartmental Doctoral Program Specialization: C & I ____, R & E ____, or MIS ____

Date _____ Initial Revision

Student Name:

Student A Number:

Current Address:

Dissertation Research Interest:

<u>Committee Information</u>	<u>Department/Area</u>	<u>*Date Contacted or Initials</u>
Chairperson (Knowledgeable regarding focus of dissertation and interested in selected research design.) Name:		
Committee Member (Interest/knowledge in area of dissertation.) Name:		
Committee Member (Interest/knowledge in area of dissertation.) Name:		
Committee Member (Expertise in research design to be used in dissertation. If research design expertise is covered above, this person may be another outside member.) Name:		
Outside Committee Member (Faculty member with expertise not closely related to dissertation to provide assistance from a different perspective.) Name:		

Approval Signatures

Department Head (CEHS Dean)

Date

Graduate Dean

Date

***Please attach evidence of committee member's willingness to serve (e.g., e-mail copy) if initials are not provided.**