

Dissertation Committee Appointment Form

Name of EdD Student: _____

CSU ID Number of EdD Student: _____ Specialization: _____

Please check one:

Initial Committee Appointment

Change in Committee Appointment

Dissertation Chair**Chair Signature**_____
*Chair*_____
Chair/Methodologist

You may submit this form once you've selected a chair only.
Once you've selected other members, you may resubmit.

Dissertation Committee Members**Member Signatures**_____
*Methodologist 2nd Member*_____
*3rd Member*_____
*4th Member (if applicable)***Approval Signatures**_____
*EdD Student*_____
*Date*_____
*Department Chair*_____
*Date*_____
*Director of Doctoral Program*_____
*Date*_____
*COEHP Dean*_____
Date