



**Doctoral Program in Educational Leadership and Administration
Committee MEMBERSHIP Form**

Form: EdD 2

Candidate: _____ Cohort # ___ Date Entered Program _____

Initial Advisor: _____

Signatures below indicate faculty approval to serve as a member of the doctoral student's advisory committee. The specific role on the committee is indicated by the role circled on the right side of each name.

_____ (Signature) _____ (Date) **Chair** **Co-Chair**
(circle) (Dept.)
Print name

_____ (Signature) _____ (Date) **Chair** **Co-Chair** **Member**
(circle) (Dept.)
Print name

_____ (Signature) _____ (Date) **Member**
(underline) (Dept.)
Print name

_____ (Signature) _____ (Date) **Member**
(underline) _____ (District)
Print name (Superintendent)

_____ (Candidate Signature) _____ (Date)
Print name

_____ (Signature) _____ (Date) _____ (Date forwarded to Graduate School)
Elizabeth S. Foster,
Chair, Dept. of Educational Leadership

Graduate School Received _____ Approved _____ Date _____

CC: ___ Student ___ Committee Chair ___ Committee Member ___ Dept. Chair ___ Graduate School ___ Program Coordinator