



Request for Approval of Dissertation Committee

Student Affairs Administration and Leadership – Ed.D.

Student Information

Name _____ UWL ID Number _____

Email _____ Date _____

Proposed Dissertation Committee

Chair Name (Please Print)	Department	Signature
<input type="checkbox"/> Departmental Faculty	<input type="checkbox"/> Non-Departmental Faculty	<input type="checkbox"/> Outside UW-La Crosse
Name (Please Print)	Department	Signature
<input type="checkbox"/> Departmental Faculty	<input type="checkbox"/> Non-Departmental Faculty	<input type="checkbox"/> Outside UW-La Crosse
Name (Please Print)	Department	Signature
<input type="checkbox"/> Departmental Faculty	<input type="checkbox"/> Non-Departmental Faculty	<input type="checkbox"/> Outside UW-La Crosse
Name (Please Print)	Department	Signature
<input type="checkbox"/> Departmental Faculty	<input type="checkbox"/> Non-Departmental Faculty	<input type="checkbox"/> Outside UW-La Crosse
Name (Please Print)	Department	Signature
<input type="checkbox"/> Departmental Faculty	<input type="checkbox"/> Non-Departmental Faculty	<input type="checkbox"/> Outside UW-La Crosse
Name (Please Print)	Department	Signature
<input type="checkbox"/> Departmental Faculty	<input type="checkbox"/> Non-Departmental Faculty	<input type="checkbox"/> Outside UW-La Crosse

Approval Signatures

By signing below, we approve the student's doctoral committee.

Ed.D. Program Director, Signature _____ Print Name _____ Date _____

Department Chair, Signature _____ Print Name _____ Date _____