

DEPAUL UNIVERSITY
COLLEGE OF EDUCATION

Change in Dissertation Committee

Student Information:

Student Name: _____ DePaul ID# _____

Address: _____

Primary Phone: _____ Secondary Phone: _____

E-mail: _____ Secondary E-mail: _____

Concentration:

Educational Leadership _____

Curriculum Studies _____

Value-Creating Education _____

for Global Citizenship _____

Title of Candidacy Paper of Dissertation: _____

NOTE: This form is to be used when a student wishes to make a change in the composition of their previously approved committee. This form must have the signature of the chair and all current committee members to be valid. This form must be approved by and include the signature of the EdD Program Director for the student's concentration.

Former Committee Members (Please print):

Chair: _____ Member 3: _____

Member 2: _____ Member 4: _____

Current Committee Members:

<p>_____ <i>Dissertation Committee Chair Signature</i> <i>Degree</i></p> <p><i>Please print name:</i> _____</p>	<p>_____ <i>School/Institution (Current Affiliation)</i></p>
<p>_____ <i>Dissertation Committee Member Signature</i> <i>Degree</i></p> <p><i>Please print name:</i> _____</p>	<p>_____ <i>School/Institution (Current Affiliation)</i></p>
<p>_____ <i>Dissertation Committee Member Signature</i> <i>Degree</i></p> <p><i>Please print name:</i> _____</p>	<p>_____ <i>School/Institution (Current Affiliation)</i></p>
<p>_____ <i>Dissertation Committee Member Signature</i> <i>Degree</i></p> <p><i>Please print name:</i> _____</p>	<p>_____ <i>School/Institution (Current Affiliation)</i></p>

Signature of Doctoral Program Director _____ Date _____

Please return completed form to the Doctoral Program Office (COE Room 346).