

Name: _____ Date: _____

CWID: _____

Program: _____

Title of Proposal: _____

Location of Oral Exam: _____

Preferred Date and Time: 1. Date: _____ Time: _____

2. Date: _____ Time: _____

Chair: _____
 First Name Last Name Chair Signature Date

Committee Members: _____
 First Name Last Name Member Signature Date

 First Name Last Name Member Signature Date

 First Name Last Name Member Signature Date

Note: This form must be accompanied with the following:
 1) 1 hard copy of *Form P1: ED.D. Proposed Study Description*
 2) 2 hard copies of the dissertation proposal

Note: Student is responsible for providing one (1) copy of the dissertation proposal for each committee member.

For Office Use Only:

Scheduled for: _____
 Date Time In Room #

Committee
 Notified on: _____
 Date by