DOCTORAL COMMITTEE APPROVAL

Marshall University Graduate School of Education & Professional Development

Date:	<u> </u>			
	Stu	Student ID Number		
Doctoral Student's Name				
Email Address				
Mailing Address: Street				
City	State	Zip		
The above named student has been ad	lmitted to the Doctora	ıl Program in Educ	cation with a major	
concentration in	an			
The following members of the graduate committee:		to serve as membe	ers of the doctoral	
Typed Name	Signature	;	Date	
(Member- major area)				
(Member - area of emphasis)				
(Member)				
(External Member)				
(Chairperson)				
APPROVED:				
(Doctoral Student)				
(Program Director)				
(Doctoral Program Coordinator) Teresa Eagle				
(Dean, COEPD)				