

APPROVAL OF DOCTORAL PROSPECTUS

*Marshall University
Graduate School of Education & Professional Development*

Date: _____

_____ Student ID Number _____
Doctoral Student's Name

Email Address _____

Mailing Address: Street _____

City _____ State _____ Zip _____

The above named student, who is a matriculant for the Ed.D. degree with a major of _____ and an area of emphasis of _____, has submitted the dissertation prospectus: *(type title below)*

Working Title

The Committee has approved the prospectus.

Member Date

Member Date

Member Date

External Member Date

Chair Date

Doctoral Student Date

Doctoral Coordinator Date

Dean, GSEPD Date