

APPROVAL OF DOCTORAL PROSPECTUS
Marshall University
College of Education and Human Services

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