

Leadership Studies
DOCTORAL COMMITTEE APPROVAL
Marshall University
College of Education & Professional Development

Date: _____

_____ Student ID Number _____

_____ Doctoral Student's Name _____

Email Address _____

Mailing Address: Street _____

City _____ State _____ Zip _____

The above named student has been admitted to the Doctoral Program in Leadership Studies.

The following members of the graduate faculty have agreed to serve as members of the doctoral committee:

Typed Name

Signature

Date

(Chairperson)

(Member, LS)

(Member, External)

(Member, LS, Optional)

(Member, Optional)

(Doctoral Student)

(Doctoral Coordinator)

(Program Director)