

Curriculum and Instruction
APPROVAL OF DOCTORAL PROSPECTUS

Marshall University
College of Education and 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
Committee Chair	Date
Doctoral Student	Date
Program Director	Date
Doctoral Program Coordinator	Date