

Curriculum and Instruction  
**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 Education with a major concentration in \_\_\_\_\_ and an area of emphasis of \_\_\_\_\_.

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

**Typed Name**

**Signature**

**Date**

\_\_\_\_\_  
(Member- major area)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Member - area of emphasis)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Member)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(External Member)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Chairperson)

\_\_\_\_\_

\_\_\_\_\_

**APPROVED:**

\_\_\_\_\_  
(Doctoral Student)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Program Director)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Doctoral Program Coordinator)

\_\_\_\_\_

\_\_\_\_\_