

*Doctoral Office of Advising and Records*  
College of Education and Health Professions  
3107 Frank Brown Hall  
TEL: (706) 565-1447 FAX: (706) 565-1422

## Doctoral Dissertation Committee Appointment Form

Name of EdD Student: \_\_\_\_\_

CSU ID Number of EdD Student: \_\_\_\_\_ Specialization: \_\_\_\_\_

### Doctoral Dissertation Committee

### Signatures

\_\_\_\_\_  
*Chair*

\_\_\_\_\_

\_\_\_\_\_  
*Methodologist*

\_\_\_\_\_

\_\_\_\_\_  
*Committee Member*

\_\_\_\_\_

### Approval Signatures

\_\_\_\_\_  
*EdD Student*

*Date*

\_\_\_\_\_  
*Department Chair*

*Date*

\_\_\_\_\_  
*Director of Doctoral Program*

*Date*

\_\_\_\_\_  
*COEHP Dean*

*Date*

This form should be submitted to Julia Burnett ([burnett\\_julia@columbusstate.edu](mailto:burnett_julia@columbusstate.edu)).