

## Doctoral Dissertation Committee Change Form

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

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

### Current Doctoral Dissertation Committee

### Rationale for Requesting a Committee Change

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

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

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

### Revised Doctoral Dissertation Committee

### Signatures

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

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

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

### Approval Signatures

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

\_\_\_\_\_  
*Date*

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

\_\_\_\_\_  
*Date*

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

\_\_\_\_\_  
*Date*

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

\_\_\_\_\_  
*Date*