



**CALIFORNIA STATE UNIVERSITY, STANISLAUS  
DOCTORAL PROGRAM IN EDUCATIONAL LEADERSHIP**

**DOCTORAL DISSERTATION COMMITTEE**

Student's Name: \_\_\_\_\_ ID No.: \_\_\_\_\_

Address:

\_\_\_\_\_  
City State Zip

Phone No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

Area of Concentration: \_\_\_\_\_ **P-12** \_\_\_\_\_ **Community College**

The following Core and Affiliated\* Doctoral Faculty members have agreed to serve as members of the Doctoral Dissertation Committee. I, hereby, nominate these faculty members for the Doctoral Dissertation Committee.

Chair's Name: \_\_\_\_\_ Academic Title: \_\_\_\_\_

Member's Name: \_\_\_\_\_ Academic Title: \_\_\_\_\_

Member's Name: \_\_\_\_\_ Academic Title: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director

\*Affiliated Faculty may not serve as dissertation chair.