



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

NOMINATION OF THE QUALIFYING EXAMINATION COMMITTEE

Student's Name: _____ ID No.: _____

Address: _____
City State Zip

Phone No.: _____ E-Mail: _____

Area of Concentration: _____ **P-12** _____ **Community College**

The following Doctoral Faculty members have agreed to serve as members of the Written Qualifying Examination Committee. I, hereby, nominate these faculty members for the Qualifying Examination Committee.

Chair's Name*: _____ Academic Title: _____

Member's Name: _____ Academic Title: _____

Member's Name: _____ Academic Title: _____

Student's Signature: _____ Date: _____

***The Committee Chair must be a Core Doctoral Faculty Member.**

Approved by: _____ Date: _____
Program Director