



**Stanislaus State**

DOCTORAL PROGRAM IN  
EDUCATIONAL LEADERSHIP

**DOCTORAL PROGRAM IN EDUCATIONAL LEADERSHIP  
DOCTORAL DISSERTATION COMMITTEE FORM**

Student Name:		Student ID:	
Address:			
City:	State:		Zip:
Phone Number:		Email:	

Area of Concentration	P-12:	CC:
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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:
Signature:	
Member's Name:	Academic Title:
Signature:	
Member's Name:	Academic Title:
Signature:	
Member's Name:	Academic Title:
Signature:	

Student's Signature:	Date:
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Approved by:	Date:
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Program Director

\* Affiliated Faculty may not serve as dissertation chair.