

**DEPAUL UNIVERSITY**  
**COLLEGE OF EDUCATION**

**Change in Dissertation Committee Form**

Student Name: \_\_\_\_\_ SS#/DePaul ID# \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

MAJOR COURSE OF STUDY: *Educational Leadership* *Curriculum Studies*

TITLE OF DISSERTATION:

\_\_\_\_\_

*NOTE: This form is to be used when a student wishes to make a change in the composition of his/her previously approved committee. This form must have the signature of the chair and all current committee members to be valid. This form must be approved by and include the signature of the Ed.D. Program Director.*

**Former Committee Members** (Please print):

Chair: \_\_\_\_\_ Member 3: \_\_\_\_\_

Member 1: \_\_\_\_\_ Member 4: \_\_\_\_\_

**Current Committee Members:**

_____ <i>Dissertation Committee Chair Signature</i>	_____ <i>Degree</i>	_____ <i>School/Institution (Current Affiliation)</i>
<i>Please print name:</i> _____		
_____ <i>Dissertation Committee Member Signature</i>	_____ <i>Degree</i>	_____ <i>School/Institution (Current Affiliation)</i>
<i>Please print name:</i> _____		
_____ <i>Dissertation Committee Member Signature</i>	_____ <i>Degree</i>	_____ <i>School/Institution (Current Affiliation)</i>
<i>Please print name:</i> _____		
_____ <i>Dissertation Committee Member Signature</i>	_____ <i>Degree</i>	_____ <i>School/Institution (Current Affiliation)</i>
<i>Please print name:</i> _____		

SIGNATURE OF ED.D. PROGRAM DIRECTOR \_\_\_\_\_ DATE \_\_\_\_\_

**This form will be filed in the candidate's permanent file when completed. Please return completed form to the Ed.D. Program Assistant.**