Nearing completion of 21 doctoral hours, this program planning form must be filed in the Office of Graduate Studies and Research.

Ed.D. Specialty Areas: (select one)

_____ P-12 Administrative Leadership        _____ Teacher Leader

_____ Postsecondary Education Leader       _____ Organizational Leader

Declaration of Area/Topic of Study (Please be as specific as possible):
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Selected Dissertation Chairperson Signature:

Dissertation Chair ___________________________________ Name (please print or type)

Dissertation Committee Members Signatures:

Committee Member ___________________________________ Name (please print or type)

Committee Member ___________________________________ Name (please print or type)

Committee Member (optional) __________________________ Name (please print or type)

Committee Member (optional) __________________________ Name (please print or type)

APPROVALS:

Doctoral Studies Officer ______________________________ Date

Graduate Studies Officer ______________________________ Date