

Committee & Topic Selection

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Nama		WIZLLID #	
NameLast	First	WKO ID # _	
Degree:		Traditional or Dissertation in Practice:	
Topic of Study:			
Committee Chair Signature	Date	Name & email (Please print or type)	
Committee Member Signature	Date	Name & email (Please print or type)	
Committee Member Signature	Date	Name & email (Please print or type)	
Committee Member Signature (optional)	Date	Name & email (Please print or type)	
Committee Member Signature (optional)		Name & email (Please print or type)	
Educational Leadership Doctoral Program Director			