



DOCTOR OF EDUCATION *in PROFESSIONAL COUNSELING AND SUPERVISION*

# Dissertation Committee Approval

Student's Name \_\_\_\_\_

Date \_\_\_\_\_

SSN / UWG ID # \_\_\_\_\_

**The following individuals agree to comprise the doctoral dissertation committee for the aforementioned student.**

\_\_\_\_\_  
Dissertation Chair/Advisor

\_\_\_\_\_  
College/Department

\_\_\_\_\_  
Committee Member

\_\_\_\_\_  
College/Department

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Committee Member

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College/Department

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Committee Member

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College/Department

Approved \_\_\_\_\_

Date \_\_\_\_\_

Ed.D. Program Director