



Doctor of Education Professional Counseling & Supervision  
**Dissertation Committee Member Approval**

(To be completed by dissertation chair)

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

UWG ID # \_\_\_\_\_

Dissertation Chair/Advisor  
Role/Responsibilities

Committee Member  
Role/Responsibilities

Committee Member  
Role/Responsibilities

Committee Member  
Role/Responsibilities

Committee Member  
Role/Responsibilities

Expert Practitioner/In-Field Authority (optional)  
Role/Responsibilities

Terminal Degree (attach one page vita)

Institution  
(please attach 1-2 page vita for Expert Practitioner/In-Field Authority)

Specialization

Approved \_\_\_\_\_ Date \_\_\_\_\_  
Dissertation Chair

Approved \_\_\_\_\_ Date \_\_\_\_\_  
Ed.D. Director