



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