



DOCTOR OF EDUCATION *in PROFESSIONAL COUNSELING AND SUPERVISION*

Dissertation Committee Approval

Student's Name _____ Date _____

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
Committee Member	College/Department
Committee Member	College/Department

Approved _____ Date _____

Ed.D. Program Director