



REQUEST FOR GRADUATE TRANSFER OF CREDIT
Doctorate in School Improvement

(To be completed by the Committee 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