

# Georgia Southern University Jack N. Averitt College of Graduate Studies

## Dissertation Committee Membership Approval Form

Student Name: \_\_\_\_\_  
(Last) (First) (Middle)

Eagle ID # (Do Not Use SS#): 900 - \_\_\_\_ - \_\_\_\_\_

Degree/Major (Check One):  Ed.D - Curriculum Studies  Ed.D - Educational Administration

### Proposed Dissertation Committee Members

1. **Committee Chair:** (Print Name) \_\_\_\_\_

\_\_\_\_\_  
*Signature, indicating acceptance* \_\_\_\_\_  
*Date*

2. **Committee Member:** (Print Name) \_\_\_\_\_

\_\_\_\_\_  
*Signature, indicating acceptance* \_\_\_\_\_  
*Date*

3. **Committee Member:** (Print Name) \_\_\_\_\_

\_\_\_\_\_  
*Signature, indicating acceptance* \_\_\_\_\_  
*Date*

4. **Committee Member:** (Print Name) \_\_\_\_\_

\_\_\_\_\_  
*Signature, indicating acceptance* \_\_\_\_\_  
*Date*

5. **Non-GSU Faculty Committee Member:** (Print Name) \_\_\_\_\_

\_\_\_\_\_  
*Signature, indicating acceptance* \_\_\_\_\_  
*Date*

**Provide the complete mailing address for Non-GSU Faculty Committee Member:**

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

=====  
**Department/Program Recommendation:**  **Accept**  **Reject**

Comments: \_\_\_\_\_

Program Coordinator: \_\_\_\_\_  
*Signature* \_\_\_\_\_  
*Date*

Department Chair: \_\_\_\_\_  
*Signature* \_\_\_\_\_  
*Date*

COE Associate Dean: \_\_\_\_\_  
*Signature* \_\_\_\_\_  
*Date*

=====  
**Forward Completed and Signed Form to the College of Graduate Studies for Final Approval**

**Approved**  **Denied** \_\_\_\_\_  
Dean, College of Graduate Studies \_\_\_\_\_  
*Date*