

### Dissertation Committee Chair Request Form

**Student Name:** \_\_\_\_\_

**Specialization:**  P-12 Leadership       Community College Leadership

**Cohort Year:** \_\_\_\_\_      **Date:** \_\_\_\_\_

**Instructions:** The candidate interacts with appropriate Ed.D. Core Faculty regarding the possibility of serving as the Dissertation Chair. From these, three (3) names will be nominated and forwarded for consideration to the Program Director.

#### Chair Recommendations

Printed Name	Signature	Department

**Program Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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