LAMAR UNIVERSITY

A Member of the Texas State University System

APPOINTMENT OF DOCTORAL DISSERTATION COMMITTEE

Last Name	First Name	MI	Student ID

Address	City, State	Telephone	E-mail

Proposed title of dissertation:

_____

_____

Required Signatures:

Student:_____ Date: _____

Chair	Department	Rank

Committee Member	Department	Rank

Committee Member	Department	Rank

Committee Member	Department	Rank

Director of Doctoral Program	Date

Chair of Educational Leadership	Date

Dean of College of Education	Date

Dean of College of Graduate Studies	Date