

High Point University
Stout School of Education
Ed.D. University Doctoral Committee (UDC) Membership
Approval Form

Student Name: _____
(Last) *(First)* *(Middle)*

HPU ID # (Do Not Use SS#): _____ Email: _____

Cohort #

I plan to enroll in EDU 8300 in (term/year): Spring Fall Summer
(must be approved by chair)

Indicate which type of dissertation you will be completing: DiPP Traditional

Dissertation Committee Members

Tentative Topic: (a brief paragraph describing the proposed topic should be attached)

I. Committee Chair

Committee Chair: (Type Name) _____

Signature, indicating acceptance

Date

II. Second Committee Member. Please consult with your chair to determine your second committee member.

SOE Committee Member: (Type Name) _____

Signature, indicating acceptance

Date

III. Third Committee Member.

DiPP: Individual from District/Educational Organization. A Memorandum of Understanding will need to be completed.

Traditional: Please consult with your chair to determine your third committee member.

District/Educational Organization/Third Committee Member: (Type Name) _____

Signature, indicating acceptance

Date

IV. A Fourth Committee member is optional.

(Optional) Committee Member: (Type Name) _____

Signature, indicating acceptance

Date

If Non-HPU Faculty Committee Member: (Type Name) _____

Signature, indicating acceptance

Date

Provide the complete mailing address for Non-HPU Faculty Committee Member and attach CV to this form:

Address: _____

Phone: _____ Email: _____

Steps for completing the University Doctoral Committee (UDC) form:

1. Once you have an approved UDC chair, please complete this form in its entirety.
2. Consult with your UDC chair to form the remainder of your committee. Once complete, you will need to obtain those signatures as well.
3. Once all members are listed and have signed, the completed form should be uploaded to Foliotek under Gateway 3/University Doctoral Committee. The original signed copy should be submitted to Mrs. Moser in the School of Education.

V. This section to be completed by the Department of Leadership Studies

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Department/Program Recommendation:

Accept

Reject

Comments: _____

Ed.D. Program Coordinator: _____
Signature Date

PE & LS Department Chair: _____
Signature Date

SOE Dean: _____
Signature Date

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