

**Louisiana Education Consortium  
Appointment of Curriculum Advisor  
and Program Declaration**

**Form 1**

Date: \_\_\_\_\_

\_\_\_\_\_, a member of the doctoral faculty, is recommended for appointment as Curriculum Advisor for:

Student's Name \_\_\_\_\_  
Last First Middle

Street Address \_\_\_\_\_

City State Zip Code Phone

CWID Number: \_\_\_\_\_

Program:      Curriculum and Instruction Ed. D.  
               Educational Leadership Ed. D.

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Institution

\_\_\_\_\_  
LEC Program Director

\_\_\_\_\_  
Institution