

**Louisiana Education Consortium
Recommendation for Appointment of Doctoral Committee**

Form 5

Date: _____

The Major Professor/Advisor and Doctoral Committee members listed below are recommended for:

Last Name	First	Middle
Street Address		
City	State	Zip
Phone – Home	E-mail	
Phone – Work	Phone – Cell	Program: [] Curriculum and Instruction Ed. D. [] Educational Leadership Ed. D.
CWID Number: _____	Cognate (C & I Only) _____	

Doctoral Committee

(A minimum of four members is required with at least one representative from each of the three consortium institutions. Among these four members, one must be a methodologist (**denote** the methodologist below with an asterisk to the left of his/her printed name.) For C & I candidates, one of these four members must be from the cognate area.

<u>Printed Name</u>	<u>Institution</u>	<u>Department</u>	<u>Signature</u>	<u>Date</u>
Major Professor/Advisor	_____	_____	_____	_____
Committee Member, Cognate Area	_____	_____	_____	_____
Committee Member	_____	_____	_____	_____
Committee Member	_____	_____	_____	_____
Optional Committee Member	_____	_____	_____	_____

Approved (all signatures required)

Major Professor/Advisor	Date
LEC Program Director	Date
College of Education Dean	Date
Graduate School	Date
LEC Governing Board	Date