

**Louisiana Education Consortium
Request for Change in Doctoral Committee**

Form 6

Date: _____

Last Name First Middle

Street Address

City State Zip

Phone – Home E-mail Address

Phone – Work Phone – Cell Program: [] Curriculum and Instruction Ed. D.

CWID Number: _____ [] Educational Leadership Ed. D.

Cognate(C & I Only): _____

Requested Changes in Doctoral Committee

(A minimum of four members is required, with one member from the cognate area (C&I only) and at least one representative from each of the three consortium institutions. If there is a change in methodologist, **denote** the methodologist below with an asterisk to the left of his/her printed name.)

I herewith request the following changes in my Doctoral Committee. My rationale for these changes is explained on the attached page.

Student Signature

<u>Committee Member</u>	<u>Institution</u>	<u>Department</u>	<u>Signature</u>	<u>Date</u>
Add: _____	_____	_____	_____	_____
Delete: _____	_____	_____	_____	_____
Add: _____	_____	_____	_____	_____
Delete: _____	_____	_____	_____	_____

Approved by: (Each committee member must sign.)

<u>Committee Member</u>	<u>Institution</u>	<u>Department</u>	<u>Signature</u>	<u>Date</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Approved (all signatures required)

Major Professor/Advisor Date

LEC Program Director Date

College of Education Dean Date

Graduate School Date

LEC Governing Board Date