

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

**Form D.1
Appendix A**

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.
Social Security Number: _____		Cognate(s): _____

Doctoral Committee

(A minimum of four members is required, with one member from the cognate area and at least one representative from each of the three consortium institutions. Among these four members, one must be a methodologist (mark with an asterisk to the left of his/her printed name.)

<u>Date</u>	<u>Printed Name</u>	<u>Institution</u>	<u>Department</u>	<u>Signature</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