LEC Form D.2 **Appendix D.2**
(Please Type)

LOUISIANA EDUCATION CONSORTIUM

REQUEST FOR CHANGE IN DOCTORAL COMMITTEE

Date: _____

Student's Name LAST FIRST MIDDLE

Street Address City State Zip Code

Telephone HOME OFFICE CELL

Social Security Number: _____

Program: [ ] Curriculum and Instruction Ed.D. [ ] Educational Leadership Ed.D.
Cognate(s):_____

Requested Changes in 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.)

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

Student Signature:_____ **Date:**_____

Committee Member	Institution	Department	Signature/Date
Add:			
Delete:			
Add:			
Delete:			

APPROVED BY: (each Committee member must sign)

Committee Member	Institution	Department	Signature/Date

APPROVED BY:

Major Professor/Advisor:_____ Date:_____

LEC Program Director:_____ Date:_____

College of Education Dean:_____ Date:_____

Graduate School:_____ Date:_____

Consortium Governing Board:_____ Date:_____