LOUISIANA EDUCATION CONSORTIUM
Approval To Submit Dissertation Draft
To All LEC Coordinators

Form K
Appendix A

(AT LEAST 10 WEEKS PRIOR TO GRADUATION)

_____
Student's Name Last First Middle

_____ _____
Street Address E-mail

_____ _____
City State Zip Phone

Program: [ ] Curriculum & Instruction, Ed.D. [ ] Educational Leadership, Ed.D.

Cognate Area: _____

Major Professor: _____

Dissertation Title: _____

_____

_____

Committee Member	Institution	Department	Signature/Date
_____	_____	_____	_____
Major Professor			
_____	_____	_____	_____
Member, Cognate Area			
_____	_____	_____	_____
Member			
_____	_____	_____	_____
Member			
_____	_____	_____	_____
Optional Member			