

D.Ed. Professional Doctoral Committee Appointment Signature Form

Office of Graduate Enrollment Services, The Pennsylvania State University, 114 Kern Graduate Building, University Park, PA 16802-3396; 814-865-1795; gesrecords@psu.edu

Detailed information on Professional Doctoral Committee Composition and Doctoral Committee Responsibilities can be found in the Graduate Education Policies under [GCAC-700 Professional Degree Policies - Doctoral](#).

As per GCAC-700, the committee must be appointed as soon as possible after the student has secured an adviser, but in no event later than one semester following the date of the student's successful completion of the Qualifying Examination.

The committee must be validated and on record with the J. Jeffrey and Ann Marie Fox Graduate School at least two weeks prior to the date of the comprehensive and final oral examinations.

If the composition of the doctoral committee changes, a revised committee appointment signature form must be submitted to the Office of Graduate Enrollment Services as soon as possible. All members of a revised committee must be listed on the form.

*Student's Name	*9-digit Penn State ID		*Check Committee Type:	<input type="checkbox"/>	New
				<input type="checkbox"/>	Revised
*Degree (D.Ed.)	*Student's Major Program	Dual-Title Program (if applicable)	Minor (if applicable)		

As the student/chair/committee member, I have carefully read and understand the Graduate Education policies and procedures and agree to adhere to these policies and to serve as a member of the doctoral committee for the student specified (for applicable signatories), if officially appointed by the Fox Graduate School.

*Student:		
	Signature	Date
*Chair / Co-chair:		
<small>(Must be a member of the major program)</small>	Printed Name	Signature
Chair / Co-chair, (If applicable):	Printed Name	Signature
*Professional Doctoral Culminating Experience Adviser/Co-adviser:		
<small>(Identify and sign even if signing elsewhere on form)</small>	Printed Name	Signature
Professional Doctoral Culminating Experience Adviser/Co-adviser:		
<small>(If applicable - identify and sign even if signing elsewhere on form)</small>	Printed Name	Signature
Committee Member(s):		
<small>(In addition to the chair or co-chair)</small>	Printed Name	Signature
	Printed Name	Signature
	Printed Name	Date



Printed Name Signature Date

Outside Field Member:

Printed Name Signature Date

*The field you represent (outside the student's major field of study): _____

Additional Outside Field Member:

Printed Name Signature Date

Outside Unit Member:

Printed Name Signature Date

List the administrative unit in which you hold your primary appointment (must be different from the Dissertation Adviser[s]' unit[s])

Minor Field Member(s):

(If applicable)

Printed Name Signature Date

Printed Name Signature Date

General Studies Member(s):

Printed Name Signature Date

Printed Name Signature Date

Special Member(s):

(If applicable)

Printed Name Signature Date

Printed Name Signature Date

*** Name and signature of Graduate Program Head/Chair, Director of Graduate Studies, or Professor-in-Charge verifying the above information:**

Printed Name Signature Date

*** Required Field**