

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 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.

_____ *Check Committee Type: New
 Revised

*Student's Name _____ *9-digit Penn State ID _____

*Degree (D.Ed.)	*Student's Major Program	Dual-Title Program (if applicable)	Minor (if applicable)
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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 Graduate School.

*Student: _____

Signature	_____	Date	_____
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*Chair / Co-chair: _____

(Must be a member of the major program)

Printed Name	_____	Signature	_____	Date	_____
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Chair / Co-chair, (If applicable): _____

Printed Name	_____	Signature	_____	Date	_____
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*Professional Doctoral Culminating Experience Adviser/Co-adviser: _____

(Identify and sign even if signing elsewhere on form)

Printed Name	_____	Signature	_____	Date	_____
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Professional Doctoral Culminating Experience Adviser/Co-adviser: _____

(If applicable - identify and sign even if signing elsewhere on form)

Printed Name	_____	Signature	_____	Date	_____
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Committee Member(s): _____

(In addition to the chair or co-chair)

Printed Name	_____	Signature	_____	Date	_____
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Printed Name	_____	Signature	_____	Date	_____
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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