

Description of Brancood Culminating Experience

EdD – Request for Appointment of Doctoral Committee

Office of Doctoral Studies • 82 Washington Square East, 2nd Floor, NY, NY 10003-6680 • (212) 998-5044

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First Name	Last Name			ID Number
Street Address	City	State	Zip Code	Email Address
Department	Program			Program Code

Student Instructions

Complete the information in the box above, and ask your proposed committee chair and members to sign and date as indicated below. Obtain the signature of your department chair, then submit this form to the Office of Doctoral Studies at the above address for final approval of the Vice Dean for Academic Affairs.

Committee Composition

A doctoral will consist of at least three members. The chair should be a full-time tenured, or tenure-track, or appropriate clinical faculty member in the candidate's program of study. The committee should include a practice-active faculty member. A practicing professional from outside the University, who is a leader in relevant field of practice, may be appointed as a third committee member either in place of or in addition to the practice-active faculty member. Provide a link to the faculty bio or CV for any member outside of NYU.

escription of Proposed Culminating Experience
roposed Doctoral Committee: I have been asked by the above-named doctoral candidate to act as Chair

Proposed Doctoral Committee: I have been asked by the above-named doctoral candidate to act as Chair or Member of her/his doctoral committee and hereby agree to act in that capacity. I understand that all dissertation committee appointments require the approval of the Department Chair (below) and the Vice Dean for Academic Affairs.

1	Signature of Proposed Doctoral Committee Chair	Name of Proposed Chair	Department	Date
	Signature of Proposed Doctoral Committee Chair	Ivaine of Froposed Chair	Department	Date
2	Signature of Proposed Doctoral Committee Member	Name of Proposed Member	School/Department	Date
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3	Signature of Proposed Doctoral Committee Member	Name of Proposed Member	School/Department	Date

Department Chair: By my signature below, I approve the above-proposed doctoral committee:

Department Chair Signature	Name of Department Chair	Date

	The signature below indicates approval of the proposed doctoral committee by the Vice Dean		
For Office of Doctoral Studies Use Only			
	Approval Signature	Date	