

FAYETTEVILLE STATE UNIVERSITY  
COLLEGE OF EDUCATION  
GRADUATE PROGRAMS  
DOCTOR OF EDUCATION in EDUCATIONAL LEADERSHIP  
DISSERTATION ADVISORY COMMITTEE MEMBERSHIP FORM

Name: \_\_\_\_\_ Banner ID: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

We, the undersigned, agree to serve as members of the Dissertation Advisory Committee: Dissertation Title:  
**Dissertation Research Topic:**

*(Please note that at least two members of the Advisory Committee must be from the candidate's major department.)*

	Graduate Faculty Status: Full, Associate, Special	Signatures
Chair: _____	_____	_____
Member: _____	_____	_____
Member: _____	_____	_____
Member: _____	_____	_____

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**OFFICE USE ONLY**

**APPROVED: {Signatures and Dates}**

Program Director (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Dean of College: \_\_\_\_\_ Date: \_\_\_\_\_

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**Please Note:** The Dissertation Advisory Committee Membership Form is to be completed one semester before the graduate student registers for the Dissertation course. *All committee members must have current graduate faculty status. More information may be required for non-FSU faculty members and FSU non-teaching members.*