

## **Doctoral Program in Counselor Education and Supervision**

## **Dissertation Committee Approval Form**

Check the Appropriate Designation	:   Original Form	☐ Revised Form (For th	ird year St	udents)	
If this is a Revised Form, give a brief	reason for the revisio	n(s)			
	Date Form Submitted:				
Methodology:					
☐ Quantitative:					
$\Box$ True Experimental $\Box$ Q	uasi-Experimental 🗌 I	Non-Experimental			
☐ Qualitative:					
☐ Grounded Theory [☐ Other	_	•		Narrative 🗆	Ethnography
Students should work with chair to fill out section.	Proposed Disse	ertation Process Timeli	ne		
Month/Year Anticipated Completion	Month/Year Actual	Human Sub Proposal De Data Collec Dissertatior Article Subr	CES 700 Proposal Development Course Human Subjects Review Proposal Defense Data Collection/Research/Writing of Results Dissertation Defense Article Submitted to Chair Final Corrections to Library		
		Final Copy <i>I</i>	Approved	ŕ	
	Committee M	embership (3 Required	d)		For Poviced Forms
Chair:			PC	Non-SPC*	For Revised Forms  New Member
(Print Name)	(Signature)			_	_
Member:					
(Print Name)	(Signature)				
Member:(Print Name)	(Signature)	[			

appointment of the committee m	ember from the DPCES P mplete the Dissertation	tenure-track faculty, students must Policy Committee giving a brief expl Committee Member Contact Infori	lanation for the request (i.e.			
DPCES Program Coordinator:						
Please note:	(Print Name)	(Signature)				
<ul> <li>Once a topic/committee is an Committee for any changes r</li> </ul>	nade to committee mem or methodology. Revised	rogram, students must seek approvables. The control of the control	ign from Regent during the			
	•	lents must be enrolled in CES 701, ust register for 1 credit of CES 719				
	ration for CES 701-404)	tations within 12 hours of Disserta register for 1 credit hour of CES 79	•			
Revis	ed Committee, Topic,	and/or Methodology Approva	l Form			
DPCES Policy Chair Approval:  ☐ Approved ☐ Not Approved (form	n returned to student	Date: for revisions)				
DPCES Program Coordinator:						
-	(Print Name)	(Signature)				
*Dissertation Committee Men Members)	nber Contact Informati	ion (for Non-SPC Faculty and Ap	pproved Adjuncts Committee			
Name:	Position on Committee:					
Professional Title (e.g., Dr., Mr	., Ms., Assistant Profes	ssor, Executive Director, etc.): _				
Professional Position (i.e., insti	tutional, organization,	, and/or agency affiliation):				
Address:		State	Zip Code			
Sueet		State	zip code			
Email Address:		PI	Phone:			
A current CV for this committee	ee member must be su	ubmitted with this form.				
Please confirm that this docum	nent is attached.	]	☐ CV Attached			