

FAYETTEVILLE STATE UNIVERSITY  
SCHOOL 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: _____	_____	_____

**OFFICE USE ONLY**

**APPROVED: {Signatures and Dates}**

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

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

Dean of School/College: \_\_\_\_\_ Date: \_\_\_\_\_

**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.*