

GRADUATE PETITION TO QUALIFY TO SERVE ON THE DISSERTATION COMMITTEE

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STUDENT ID: \_\_\_\_\_

Student's Name: \_\_\_\_\_

(Last, First, MI)

Department: \_\_\_\_\_

Concentration/Emphasis: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

DISSERTATION TITLE: \_\_\_\_\_

\_\_\_\_\_

DESCRIPTION OF THE TOPIC: \_\_\_\_\_

\_\_\_\_\_

REQUEST THAT DR: \_\_\_\_\_

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Academic Advisor \_\_\_\_\_

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Dean, School of Education