

SAN DIEGO STATE UNIVERSITY
 Graduate and Research Affairs
 Graduate Division

Doctor of Education (Ed.D.) Program in Educational Leadership

Nomination of the Committee for Qualifying Examinations

Name _____ RED ID _____

Address _____

Email _____ Phone _____

Area of Concentration: _____ PK-12 _____ Community College

In the opinion of the Department of _____, the student named is ready to proceed in the Qualifying Examinations for the degree of Doctor of Education in Educational Leadership.

The following persons, who have agreed to serve, are nominated as the Doctoral Committee for the Qualifying Examination:

Committee Chair	Academic Title	Department	Institution
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Committee Member	Academic Title	Department	Institution
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Committee Member	Academic Title	Department	Institution
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Committee Member	Academic Title	Department	Institution
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Approved by:

Graduate Advisor Signature	Date
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Dean, Graduate and Research Affairs	Date
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Distribution: Graduate Dean, Graduate Advisor, Student

SAN DIEGO STATE UNIVERSITY
 Graduate and Research Affairs
 Graduate Division

Doctor of Education (Ed.D.) Program in Educational Leadership

Report of Qualifying Examination and Advancement to Candidacy

Name _____ RED ID _____

Address _____

Email _____ Phone _____

Area of Concentration: _____ PK-12 _____ Community College

TO: Dean of Graduate and Research Affairs
 The members of the Ed.D. Doctoral Committee for the Qualifying Examination report that the candidate has completed all pre-dissertation requirements in the specialization and has **successfully completed** the qualifying examination on _____ (date). The committee recommends advancement to candidacy for the degree of Doctor of Education in Educational Leadership.

 Committee Chair Signature Department

 Committee Member Signature Department Institution

 Committee Member Signature Department Institution

 Committee Member Signature Department Institution

Approved by:

 Graduate Advisor Signature Date

 Dean, Graduate and Research Affairs Date

Distribution: Graduate Dean, Graduate Advisor, Student

SAN DIEGO STATE UNIVERSITY
 Graduate and Research Affairs
 Graduate Division

Doctor of Education (Ed.D.) Program in Educational Leadership

Nomination of the Doctoral Dissertation Committee

(Submit only if the Dissertation Committee is different from the Qualifying Examination Committee)

Name _____ RED ID _____

Address _____

Email _____ Phone _____

Area of Concentration: _____ PK-12 _____ Community College

The student named has established eligibility for the nomination of a dissertation committee.

Proposed Title of Dissertation: _____

The following persons, who have agreed to serve, are nominated as the Doctoral Dissertation Committee:

Committee Chair	Academic Title	Department	Institution

Committee Member	Academic Title	Department	Institution

Committee Member	Academic Title	Department	Institution

Committee Member	Academic Title	Department	Institution

Approved by:

Graduate Advisor Signature _____	Date _____
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Dean, Graduate and Research Affairs _____	Date _____
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Distribution: Graduate Dean, Graduate Advisor, Student

SAN DIEGO STATE UNIVERSITY
Graduate and Research Affairs
Graduate Division

Doctor of Education (Ed.D.) Program in Educational Leadership

Dissertation Proposal Approval Form

Name _____ RED ID _____

Address _____

Email Address _____

Title of Proposal: _____

Student's Signature _____ Date _____

The following signatures are testimony that the student's proposal has been accepted and that the student may proceed with the dissertation.

Dissertation Committee Signatures

Committee Chair Signature Department

Committee Member Signature Department Institution

Committee Member Signature Department Institution

Committee Member Signature Department Institution

Human Subjects Committee Approval Date: _____

(Attach copy of approval)

Distribution: Student, Committee Chair, Graduate Advisor

SAN DIEGO STATE UNIVERSITY
 Graduate and Research Affairs
 Graduate Division

Doctor of Education (Ed.D.) Program in Educational Leadership

Report of Filing of the Dissertation

Name _____ RED ID _____

Address _____

Email _____ Phone _____

Area of Concentration: _____ PK-12 _____ Community College

The members of the Doctoral Committee approve the candidate for the degree on: _____

Committee Chair	Signature	Department
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Committee Member	Signature	Department	Institution
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Committee Member	Signature	Department	Institution
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Committee Member	Signature	Department	Institution
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Dissertation Title: _____

The candidate has fulfilled all academic and registration requirements with the exception of depositing the dissertation with SDSU.

Graduate Advisor Signature	Date
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Dissertation approved for deposit: _____

Dissertation and Thesis Review	Date
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Conferral of the degree is recommended as of _____
 (month, day, year)

Dean, Graduate and Research Affairs	Date
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Distribution: Graduate Dean, Graduate Advisor, Student