

**Edd Educational Theory, Research and Practice
Doctoral Student Advisor/Committee Form**

Name:		B-Number:	
Date Admitted:		Student Status:	<input type="checkbox"/> Coursework <input type="checkbox"/> Advanced to <input type="checkbox"/> Course Candidacy Complete <input type="checkbox"/> ABD

Advisor/Chair:	
Committee Members:	

_____ Date _____
Signature (Student):

_____ Date _____
Signature (Advisor):

_____ Date _____
Signature (Doctoral Coordinator):