

The College of William and Mary  
School of Education

Office of Academic Programs  
Jones Hall, Room 100

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**DISSERTATION COMMITTEE APPROVAL FORM**

Student's Name: \_\_\_\_\_ 930#: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Program Area: \_\_\_\_\_ Date: \_\_\_\_\_

My dissertation committee is as follows:

1. \_\_\_\_\_  
(Chair's Signature)

2. \_\_\_\_\_  
(Member's Signature)

3. \_\_\_\_\_  
(Member's Signature)

cc: Student  
Committee Chair