



COLLEGE OF  
**EDUCATION**

Office of Graduate Studies  
TCU Box 297900  
Fort Worth, TX 76129  
817.257.7661

### Committee Form Doctoral Programs

---

Full Name: \_\_\_\_\_

TCU ID # \_\_\_\_\_

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

---

Please indicate the following degree sought:

Counseling and Counselor Education Ph.D.

Curriculum Studies Ph.D.

Educational Leadership Ed.D.

Higher Education Ed.D.

Science Education Ph.D.

---

Please indicate the type of defense you are scheduling:

Capstone (Ed.D.)

Dissertation (Ed.D./Ph.D.)

---

All defenses must have a committee. Please indicate your committee members below and secure each member's signature or permission (via email and attach to this form).

\_\_\_\_\_  
Committee Chairperson (Print)

\_\_\_\_\_  
Committee Chairperson (Signature)

\_\_\_\_\_  
Committee Member (Print)

\_\_\_\_\_  
Committee Member (Signature)

\_\_\_\_\_  
Committee Member (Print)

\_\_\_\_\_  
Committee Member (Signature)

\_\_\_\_\_  
Committee Member (Print)

\_\_\_\_\_  
Committee Member (Signature)