

The College of William and Mary  
School of Education

Office of Admission & Professional Services  
Jones Hall, Room 100

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**COMPREHENSIVE/DOCTORAL COMMITTEE APPROVAL FORM**

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

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

My comprehensive/doctoral committee is as follows:

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

2. \_\_\_\_\_  
(Print Co-Chair's or Member's Name) (Co-Chair or Member's Signature)

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

Associate Dean's approval: \_\_\_\_\_ Date: \_\_\_\_\_

cc: Student  
Committee Chair