

SEATTLEU
COLLEGE OF EDUCATION
EDUCATIONAL LEADERSHIP PROGRAM

TDiLP Phase 1 Form:
Verification of Committee Membership

Inquiry Supervisor: _____

Content Expert: _____ **Program Affiliation:** _____

Community Expert: _____ **Program Affiliation:** _____

Working Research Topic: _____

Student Name	SU ID#	Signature	Date
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____

	Approval Signatures	Date
Content Expert	_____	_____
Community Expert	_____	_____
Inquiry Supervisor	_____	_____

Routing (electronic or paper copy): (1) Student, (2) Requested Inquiry Supervisor & Experts, (3) Program Office
Distribution After Completion (if electronic): (1) Student File
Distribution After Completion (if paper copy): (1) Scan to Student, (2) Student File

Revised: 11/2016

For EDLR Office use only	
Initials:	_____
Date Received:	_____
Recorded:	<input type="checkbox"/>
Date to student(s):	_____