

**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
<b>Content Expert</b>	_____	_____
<b>Community Expert</b>	_____	_____
<b>Inquiry Supervisor</b>	_____	_____

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):	_____