

**NOBTS Doctor of Education Program
External Reader Request**

Student Name: _____ Date: ____/____/____

NOBTS-ID #: _____ Major: _____

Semester: Fall _____ Spring _____

An external reader must (1) hold an earned EdD, or PhD in the field and (2) teach in an academic institution, be active in professional societies, or have made a significant contribution to the field. An external reader needs the approval of the Guidance Committee and EdD Program Director.

External reader: Indicate name, position, and contact information.

Name: _____ Phone _____

Position: _____

Credentials: _____

Email: _____

Address: _____

Rationale: _____

Guidance Committee Chair _____

 2nd _____

_____ Date

Guidance Committee Chair

Date

_____ Date

EdD Program Director

Date