

Columbia University
In the City of New York
Teachers College
Office of Doctoral Studies

Application for the Degree of Doctor of Education

1. Department: _____
2. Program: _____
3. Candidate's Name: _____
Last First MI
4. Student TID#: _____
5. Current Address: _____

NOTE: To ensure that your Diploma is mailed to the correct address, please ensure that you update your Diploma Address in MyTC under TC Services (Update Addresses and Phones).

NOTE: The name on your diploma must match the name on your Teachers College record. For changes desired, submission of *Change of Name Form* with documentation is required.

6. I am applying for the degree of Doctor of Education.

Student's Signature *Date*

7. On behalf of the Committee on the degree of Doctor of Education, I recommend the candidate for the degree of Doctor of Education.

Manager, Office of Doctoral Studies *Date*