

This memorandum of agreement is entered into by and between  
**Delta State University College of Education and Human Sciences** and

\_\_\_\_\_ for \_\_\_\_\_  
(Dissertation Committee Member Full Name) (Dissertation Student Full Name)

### Conditions of Agreement

I, \_\_\_\_\_, agree to serve as the dissertation committee in the  
(Dissertation Committee Member Full Name)  
capacity of Chair (\$1000) \_\_\_ Methodologist (\$700) \_\_\_ Reader (\$400) \_\_\_ upon the student's graduation.

Services will include:

- Read and evaluate each draft of the chapters relevant to your committee role
  - Chair: All (chapters, references, appendices) for content, writing quality, & APA
  - Methodologist: Ch. 1, 3-5 for research content, clarity, consistency, & APA
  - Reader: All (chapters, references, appendices) for content, writing quality, & APA
- Provide consistent consultation to the student and dissertation committee on content relevant to your committee role throughout the dissertation process
- Read and provide written feedback to the student and committee on all draft submissions of presentations, proposals, and final manuscript
- Assist with ongoing evaluation of content and format, communicating evaluation results to the student an committee upon each iteration of the draft
- Attend and participate in the dissertation proposal and defense meetings
- Attend and participate in any other meetings deemed necessary by the dissertation chair
- Communicate with the candidate in writing and conversation at least twice each semester and in response to candidate submissions and inquiries

### Accepted By

Committee Member Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

SSN or DSU ID# (if applicable): \_\_\_\_\_

### Funded Thru

Fund: \_\_\_\_\_ Org: \_\_\_\_\_ Acct: \_\_\_\_\_

### Recommended By

\_\_\_\_\_  
Doctoral Program Coordinator Signature Date

\_\_\_\_\_  
Dean, College of Education and Human Sciences Signature Date

\_\_\_\_\_  
Provost Signature Date

\_\_\_\_\_  
CFO and Vice President for Finance and Administration Signature Date

*\*this MOA must accompany the Invoice for Services form*