UNIVERSITY OF NEBRASKA—LINCOLN
EDUCATIONAL SPECIALIST DEGREE

AREA OF SPECIALIZATION _____

Recommendation for the Selection
of Supervisory Committee Members

The Members of the Graduate Committee have voted to admit to the Ed.S. Program:

_____
Student's Name

_____
Student's Current Address

_____
City State Zip

The following Members of the Graduate Faculty have agreed to serve on this Supervisory Committee:

Professor's Name	Campus Address & Zip
1. _____ Chair	_____
2. _____	_____
3. _____	_____

_____ _____
Advisor's Signature Date

_____ _____
Approved, Graduate Committee Chair Date

_____ _____
Dean for Graduate Studies Date