



Appointment of the Supervisory Committee for the Educational Specialist Degree

All information must be typed.

Major: _____

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

Student's E-mail Address

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