

Name _____ Emphasis _____ ID# _____

Defense of Thesis Semester/Year of planned completion _____

This form is initiated by the graduate student and should be completed by the end of the first year of graduate study.

Please appoint the following faculty members to my Graduate Committee. The faculty members have verified their willingness to participate by signing this form, and all members are approved for graduate faculty status. Only one member of the committee can hold graduate faculty, professional graduate faculty, or visiting graduate faculty status.

The MS in Special Education Graduate Committee consists of two faculty members from special education and one member from outside the Special Education department.

_____ Date _____
Committee Chair from within special education printed name and signature

_____ Date _____
Second Graduate Faculty Member within special education printed name and signature

_____ Date _____
Graduate Faculty Member from outside the special education department printed name and signature

_____ Date _____
Education Emphasis Program Director signature

_____ Date _____
Special Education Department Chair signature

Submit the completed form to the Graduate School.

_____ Date _____
Associate Vice President of the Graduate School signature

***A new committee form is required if the committee membership changes.**