



Graduate School

**GRADUATE COMMITTEE
Master of Science in Special Education**

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.

_____	_____	_____
Chairperson of Graduate Committee	signature	date
_____	_____	_____
Member of Graduate Committee	signature	date
_____	_____	_____
Member of Graduate Committee	signature	date
_____	_____	_____
Outside Member of Graduate Committee	signature	date
_____	_____	_____
Program Director	signature	date
_____	_____	_____
Associate Vice President of the Graduate School	signature	date

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