



Graduate School

GRADUATE COMMITTEE
Master of Science in Special Education

Name _____ Emphasis _____ ID# _____

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

Check Appropriate Option:

- Written and oral comprehensive examinations
Defense of thesis
Semester/Year of planned completion

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.

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

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

Approval of Special Education Emphasis Program Director Date

Approval of Special Education Department Chair Date

Submit the completed form to the Graduate School.

Associate Vice President of the Graduate School signature Date

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