



Minot State UNIVERSITY

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 Semester/Year of Planned Completion _____
- 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. 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.

Printed Name /Signature Committee Chair from within Special Education Date _____

Printed Name /Signature of second Graduate Faculty Member from within Special Education Date _____

Printed Name/Signature of Graduate Faculty Member from outside the Special Education department. Date _____

Approval of Special Education Emphasis Program Director Date _____

Approval of Special Education Department Chair Date _____

Submit the completed form to the Graduate School.

Signature, Associate Vice President of the Graduate School Date _____

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

Updated July 2018