



Request for the Educational Specialist Advisory Committee

(Submit to the Graduate School, 210 Jesse Hall by the end of the second semester)

Student name: _____
(Last Name, First Name)

Mizzou ID number: _____ Degree: Educational Specialist (EdSp)

Academic program: _____ Major: _____

Program address: _____ Emphasis area: _____
(If applicable)

Anticipated graduation date: _____ Graduate minor: _____
Term (fall, spring, summer), Year (If applicable)

Graduate certificate: _____
(If applicable)

PROPOSED COMMITTEE MEMBERS

(Please print or type)

	<u>Name</u>	<u>Academic program</u>	<u>Email address</u>
1.	_____	_____	_____
	Chair		
2.	_____	_____	_____
3.	_____	_____	_____
<i>Additional members (optional)</i>			
4.	_____	_____	_____
5.	_____	_____	_____

GRADUATE SCHOOL USE ONLY Graduate Faculty	
Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Student's signature: _____ Date: _____

Adviser's signature: _____ Date: _____

Departmental director of graduate studies' signature: _____ Date: _____

The educational specialist advisory committee is approved.

Graduate dean's signature: _____ Date: _____

**DO NOT
WRITE IN
THIS BOX
(office use only)**

Date copies sent to members and director of graduate studies: _____