



# 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: _____
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