



Report of the Educational Specialist Examining Committee

Student Name: _____
(Last Name, First Name)

Mizzou ID Number: _____ Date examined: _____
(mm/dd/yyyy)

Academic program: _____

Degree: Educational Specialist (EdSp) Major: _____

This candidate has been examined by the committee with the following results:

PASS

FAIL

Signatures of the committee members: Pass Fail

Member 1 _____

(Print name) _____

Member 2 _____

(Print name) _____

Member 3 _____

(Print name) _____

Additional members (optional)

Member 4 _____

(Print name) _____

Member 5 _____

(Print name) _____

Committee action approved:

 Director of graduate studies' signature

Date: _____

The results of the final examination are recorded:

 Graduate dean's signature

Date: _____