



# 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: \_\_\_\_\_