

Appointment of Supervisory Committee

For the Educational Specialist Degree | Office of Graduate Studies | University of Nebraska-Lincoln



STUDENT AND PROGRAM

The members of the Graduate Faculty have voted to admit to the Ed.S. program:

Student Name _____ NU ID _____

Mailing Address _____

Email _____

Major _____

IDENTIFICATION OF SUPERVISORY MEMBERS

The following members of the Graduate Faculty have agreed to serve on this Supervisory Committee:

<u>Professor's Name</u>	<u>Campus Address and Zip</u>
_____	_____
_____	_____
_____	_____

Chair

SIGNATURES

Advisor _____
Signature _____ *Date* _____

Approved by Department Graduate Committee Chair _____
Signature _____ *Date* _____

Approved by Dean of Graduate Studies _____
Signature _____ *Date* _____