

# Appointment of Supervisory Committee

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



## STUDENT AND PROGRAM

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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

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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> |
|-------------------------|-------------------------------|
| _____<br><i>Chair</i>   | _____                         |
| _____                   | _____                         |
| _____                   | _____                         |

## SIGNATURES

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Advisor \_\_\_\_\_  
*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

Approved by Department Graduate Committee Chair \_\_\_\_\_  
*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

Approved by Dean of Graduate Studies \_\_\_\_\_  
*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Revised 2026/03 by OGS/JC*