



Degree Level Ed.S. Major Curriculum & Instruction

Concentration _____ Licensure _____

I hereby request that the following members of the Graduate Faculty be appointed to serve on my Graduate Advisory Committee:

**Graduate Advisory Committee Members
(Signature/Printed name)**

Committee Chair

_____ Member (Optional) _____
_____ Member (Optional) _____

Student's Signature _____ Date _____

Approved _____ Date _____
Department Chairperson

Approved _____ Date _____
College Dean/Program Director