



APPOINTMENT OF ADVISORY COMMITTEE
Admission to Candidacy Application

Student Name _____ # _____

Degree Level Ed.S. Major Curriculum & Instruction

Concentration _____ Licensure _____

Co-chair/Member _____

Member _____

Member _____

Member (Optional) _____

Member (Optional) _____

Member (Optional) _____

Student's Signature _____ Date _____

Approved _____ Date _____
Department Chairperson

Approved _____ Date _____
College Dean/Program Director