

TTU

APPOINTMENT OF ADVISORY COMMITTEE
Admission to Candidacy Application

Student's Name _____ T# _____

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 _____

_____ Co-chair/Member _____

_____ Member _____

_____ Member _____

_____ Member (Optional) _____

_____ Member (Optional) _____

_____ Member (Optional) _____

Student's Signature _____ Date _____

Approved _____ Date _____

Department Chairperson

Approved