

M.A.Ed FINAL ORAL EXAMINATION COMMITTEE REQUEST

Name: _____ 810# _____

The following have agreed to serve as members of my M.A. Final Oral Examination Committee:

_____, Major Professor/Committee Chair
_____,
_____,
_____,

The committee members have agreed to meet:

DATE	TIME	PLACE
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Student Signature	Date
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Copies to: Student
Committee Members
Graduate Coordinator