



Graduate School

**GRADUATE COMMITTEE  
Master of Science in Disability Human Services**

Name \_\_\_\_\_ Emphasis \_\_\_\_\_ ID# \_\_\_\_\_

Defense of Thesis Semester/Year of planned completion\_\_\_\_\_

**This form is initiated by the graduate student and should be completed by the end of the first year of graduate study.**

Please appoint the following faculty members to my Graduate Committee. The faculty members have verified their willingness to participate by signing this form, and all members are approved for graduate faculty status. Only one member of the committee can hold graduate faculty, professional graduate faculty, or visiting graduate faculty status.

The MS in Special Education Graduate Committee consists of two faculty members from special education and one member from outside the Special Education department.

\_\_\_\_\_  
Chairperson of Graduate Committee signature date

\_\_\_\_\_  
Member of Graduate Committee signature date

\_\_\_\_\_  
Member of Graduate Committee signature date

\_\_\_\_\_  
Outside Member of Graduate Committee signature date

\_\_\_\_\_  
Program Director signature date

\_\_\_\_\_  
Associate Vice President of the Graduate School signature date

**\*A new committee form is required if the committee membership changes.**