



UNIVERSITY OF ARKANSAS

Graduate School & International Education

Educational Specialist Advisory Committee

Student's Name: _____ ID Number: _____

Degree Sought: _____ Degree Program: _____

Student's Signature: _____ Date: _____

The Educational Specialist Program Advisory Committee oversees the student's program of study. The Graduate School requires a minimum of three members with group II or higher graduate faculty status. Department/programs may have additional requirements.

Committee Members

(Please type or print **full name**. Example: Jane R. Doe)

(Please **note** if ex-officio or off campus member)

(If adding or removing one member(s), only that signature needed)

_____ CHAIR	_____	<input type="checkbox"/>	<input type="checkbox"/>
Please print full name	signature required	add	remove
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Please print full name	signature	add	remove
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Please print full name	signature	add	remove
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Please print full name	signature	add	remove
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Please print full name	signature	add	remove

Department Chair/Head
Or Program Director: _____ Date: _____

Approved: _____ Date: _____

Office of the Graduate Dean

This form is to be submitted to the Graduate School as soon as the committee has been selected. Changes to the committee must be done in accordance with Graduate School rules and require the approval of the Graduate School.