

PURDUE UNIVERSITY
COLLEGE OF EDUCATION

REQUEST FOR APPOINTMENT OF EXAMINING COMMITTEE

Master of Science in Education • Master of Science • Educational Specialist
(Non-Thesis)

Date Submitted _____

Student Name: _____ Identification No. _____

For the degree of: _____ (Exact Title)

It is recommended that the following serve as members of the Examining Committee:

	Graduate	
	Faculty	Program Area of Member
	Identifier	
Chair: _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The following conditions apply to this student's examination:

_____ Non-thesis master's candidate with a cumulative index of _____

_____ Recommend written exam be held

Date: _____ Time: _____ Place: _____

_____ Recommend oral exam be held

Date: _____ Time: _____ Place: _____

_____ Recommend written examination be waived (waiver permitted only if cumulative index is 3.25 in previous semester.)

_____ Educational Specialist. Written Examination completed. Oral to be held:

Date: _____ Time: _____ Place: _____

Major Professor