



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 or more members, only that signature needed along with the committee chair and department chair/head)

Table with 4 columns: Name (CHAIR or member), Signature, add, remove. Includes rows for Chair and five committee members.

Department Chair/Head Or Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_ Office of the Graduate Dean

Submit this form to the Graduate School as soon as the committee is selected. Changes to the committee must be done in accordance with Graduate School rules and require the approval of the Graduate School. To submit this form, email it to gsieform@uark.edu or bring the printed form to GEAR 213.