

REQUEST FOR APPROVAL TO SCHEDULE QUALIFYING ASSESSMENT

*Marshall University
College of Education & Professional Development*

Date: _____

The student's committee as listed below has previously been approved. All members have received copies of the paper prepared by the student, and scheduling of the final examination is requested below:

STUDENT NAME: _____ **STUDENT ID NUMBER:** _____

EMAIL ADDRESS: _____

MAJOR: _____

AREA OF EMPHASIS: _____

ASSESSMENT DATE: _____

TIME: _____

PLACE-BLDG: _____

COMMITTEE: (Names Typed)

SIGNATURES OF AGREEMENT TO ABOVE

Committee Chairperson

Student

Cynthia Kolsun

Doctoral Program Coordinator

Teresa Eagle

Dean, COEPD
