

**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**

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Committee Chairperson

Student

Bobbi Nicholson

Doctoral Program Coordinator

Teresa Eagle

Dean, COEPD

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