

REQUEST FOR APPROVAL TO SCHEDULE QUALIFYING ASSESSMENT
Marshall University
Graduate School 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)

(Committee Chairperson)

(Student)

Cynthia Kolsun
(Coordinator of Doctoral Programs)

Teresa Eagle
(Dean of GSEPD)

SIGNATURES OF AGREEMENT TO ABOVE

