

Leadership Studies
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:
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STUDENT NAME:

STUDENT ID NUMBER:

EMAIL ADDRESS:

ASSESSMENT DATE:

TIME:

Room:

COMMITTEE: (Names Typed)

SIGNATURES OF AGREEMENT TO ABOVE

Chairperson

Member, LS

Member, External

Member, LS, Optional

Member, Optional

Doctoral Student

Doctoral Coordinator

Program Director