
UNIVERSITY OF ARKANSAS

College of Education and Health Professions

Specialist Advisory Committee

To: Dean of the Graduate School

It is recommended that the faculty members listed below serve as the Specialist Advisory Committee for:

(Please Print)

ID Number

Degree Program: _____

1. _____
(from Program; maximum of two full time from program)

2. _____
(from Program)

3. _____
(from outside Program area)

Signed: _____
(Committee Chairperson) (Date)

(Program Chair) (Date)

Approved: _____
(Graduate Education Committee Chairperson) (Date)

Approved: _____
(Office of the Graduate Dean) (Date)

Submit the original and one copy to the Graduate Education Committee Chairperson. After approval by the Graduate Education Committee, the signed original will be sent to Graduate School and a signed copy returned to the department.