
UNIVERSITY OF ARKANSAS

**College of Education and Health Professions
Announcement of Specialist Project Title**

Name _____ Date _____

Degree Program/Major _____

The title of the project applicable to the requirements for the Educational Specialist degree is as follows:

Approved: _____
(Committee Chairperson) (Date)

(Committee Member) (Date)

(Committee Member) (Date)

(Committee Member) (Date)

Approved: _____
(Graduate Dean) (Date)

Submit in duplicate to the Graduate School prior to the final examination.