

**Appendix D: Request for Appointment of Examining Committee**

**Purdue University  
COLLEGE OF EDUCATION  
REQUEST FOR APPOINTMENT OF EXAMINING COMMITTEE  
Masters of Science in Education - Master of Science - Educational Specialist  
(Non-Thesis)**

Date Submitted \_\_\_\_\_

Student Name: \_\_\_\_\_ Identification No.: \_\_\_\_\_

For the degree of (Exact Title): \_\_\_\_\_

It is recommended that the following serve as members of the Examining Committee:

Chairman: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The following conditions apply to this student's examination:

\_\_\_\_\_ Non-thesis master's candidate with a cumulative index of \_\_\_\_\_

\_\_\_\_\_ Recommend written exam be held.

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

\_\_\_\_\_ Oral Exam

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

\_\_\_\_\_ Recommend written examination be waived (waiver permitted only if accumulative is 3.25 in the previous semester.)

\_\_\_\_\_ Educational Specialist. Written Examination completed. Oral to be held:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

\_\_\_\_\_

Major Professor

Graduate Education Committee