S-3 Form

Report of the Educational Specialist Examining Committee

Student Name: _____ Student Number: _____

Degree Program: _____ Emphasis Area: _____

Date examined: _____

This candidate has been examined by the committee with the following results:

☐ **PASS** ☐ **FAIL**

Signatures of the committee members:
(Please write full names legibly)

				Pass	Fail
1.	_____	_____	_____	☐	☐
	Chair				
2.	_____	_____	_____	☐	☐
3.	_____	_____	_____	☐	☐
Additional Members (Optional)					
4.	_____	_____	_____	☐	☐
5.	_____	_____	_____	☐	☐

Committee action approved:

_____

Departmental Director of Graduate Studies' Signature — Date

The results of the final examination are noted.

_____

Graduate Dean's Signature — Date

DO NOT WRITE IN THIS BOX (office use only)	Date copies sent to Adviser and Director of Graduate Studies: _____