

**College of Education
Office of Graduate Studies
D-1/T-1 Scheduling Form**

*Please return this form to the Office of Graduate Studies, Cleveland Hall, Room 252
no later than one month prior to the desired meeting date to allow time for scheduling
and faculty notification.*

Student's Name _____ ID# _____

Degree: _____

ADVISORY COMMITTEE	SIGNATURES	Date
_____, Chair	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
(Chair, Major Dept.)		

The above individuals approve the following place, date and time of the D-1/T-1 meeting:

(Building and Room Number)

(Date and Time)