



COLLEGE OF
EDUCATION

Office of Graduate Studies
TCU Box 297900
Fort Worth, TX 76129
817.257.7661

**Committee Form
Masters Programs**

Full Name: _____

TCU ID # _____

Phone #: _____

Please indicate your major:

Counseling

Curriculum & Instruction

(Curr. Studies, Language & Literacy, Math Ed., Science Ed.)

Educational Leadership

Special Education

Please indicate the type of defense you are scheduling:

Orals

Treatise

Thesis

All defenses must have a committee. Please indicate your committee members below and secure each member's signature or permission (via email and attach to this form).

Committee Chairperson (Print)

Committee Chairperson (Signature)

Committee Member (Print)

Committee Member (Signature)

Committee Member (Print)

Committee Member (Signature)