



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

Math Ed.

Curriculum & Instruction

Middle School Ed.

Curriculum Studies

Science Ed.

Educational Leadership

Secondary Ed.

Elementary Ed.

Special Ed.

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)