

College of Graduate Studies VERIFICATION OF EDUCATION (EdS) Field Study

Date _____

Program Requirement: We, the Graduate Committee, hereby certify that: Student Name: _____ Student ID: A Has successfully completed the following field study: Title: ______ Leading to the degree of: _____ Major of: _____ Concentration of: ______ Specialization of: _____ This certifies that the above candidate satisfactorily completed the above requirement as of _____ **Certified by Examining Committee and Graduate Coordinator Major Professor** Name _____ Date Minor Professor Name _____ Date Signature _____ Third Member Signature _____ Graduate Coordinator Date ____ Signature _____ **Received and Approved by College Deans** Dean, College of Education Date _____

Dean, College of Graduate Studies _____