

APPENDIX B

Special Education Preliminary Exam Completion Form

Name: _____ **Student #:** _____ **Email:** _____

Advisor:

1st Journal Review Article

Faculty Member Completed It With:

Title of Journal:

Date:

Signature of Faculty Member:

2nd Journal Review Article

Faculty Member Completed It With:

Title of Journal:

Date:

Signature of Faculty Member:

Advisor or Guidance Committee Chair (signature required)	
Director of Special Education Doctoral Studies Final Approval (signature required)	
	Signature Date

***** NOTE TO STUDENT: Please load information to this form as you progress. When your preliminary exam is complete, please return this form to the doctoral program secretary. *****