

**DEPARTMENT OF SPECIAL EDUCATION
DOCTORAL COMPETENCY APPROVAL FORM:**

COLLEGE TEACHING--SPED 7340

Student:	Date:
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Faculty Member Supervisor:

Synopsis of Teaching Internship:

Supervisory Committee:

	Signature	Date Approved
Name		
Advisor		
Member		
Member		
Member		
Member		
Disability Disciplines Doctoral Chair		

Comments:
