



COLLEGE OF Human Development Culture & Media
DEPARTMENT OF EDUCATION LEADERSHIP MANAGEMENT & POLICY

OFF-CAMPUS DEFENSE COMMITTEE INFORMATION

Please submit this form to your Mentor followed by your Program Director for approval.

Student's Name: _____

Student ID #: _____

Committee Member's Name: _____

Street Address: _____

City/State/Zip: _____

Phone (daytime/evening): _____

E-mail: _____

Nature of Relationship: _____

Vita Attached