

School of Graduate Studies
Supervisory Committee Approval

Initial Revision (Check one)

Student Number:

Student Name:

Major:

Current Address:

Degree Sought:

If Master's: Plan A Plan B Plan C

E-mail Address:

Click if applicable MS/BS Concurrent 90 Credit PhD

Thesis/Dissertation Research Interest:

Committee Information: **Initials** **Department** **Area**

Chairperson:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Outside Member
Check
Only
One

Members: **If you are filling these boxes by hand, please print your name legibly.**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
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Approved by:

<input type="text"/>	Department Head	<input type="text"/>	Date
<input type="text"/>	Graduate Dean	<input type="text"/>	Date

Students:

1. Complete Supervisory Committee Form
2. Obtain Initials from each member indicating a willingness to serve
3. Obtain the Department Head's Signature
4. Leave a copy with your department
5. Bring or send the original copy to the Graduate School

Amendments or Revisions

Amendments require the signature of the Department Head and written notification is to be sent to the members of the committee.

[Print Form](#)