College of IS&T Proposed Supervisory Committee Form

Name: (please print) ____________________________ S.S.#: ____________________________

Address: ____________________________ City/State: __________ Zip: __________

Department/School: ____________________________ Degree Sought: ____________________________

Adviser’s Signature: ____________________________

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Committee Members: If major supervisor is from the same department, at least two from the major
department/school and one from another department/school. If the major supervisor is from a different
department/school, at least three from the major department with one acting as co-chair. Supervisory
Committee members must be Graduate Faculty Members/Fellows.

Name: ____________________________ Department/School: ____________________________

______________________________ ____________________________
______________________________ ____________________________
______________________________ ____________________________

Ex-officio (opt.)

Recommended by: ____________________________ Date: ____________________________

Graduate Program Committee, Chair

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I agree to serve on the supervisory committee for this student who is working on his/her Master’s
degree. (Please sign your name)

Signature: ____________________________ Date: ____________________________

Chairperson (co-chair) of Supervisory Committee

______________________________ ____________________________
______________________________ ____________________________

Co-chair of Supervisory Committee (if applicable)

______________________________ ____________________________
______________________________ ____________________________

Ex-officio (opt.)

Approved by: ____________________________ Date: ____________________________

Dean for Graduate Studies

Send to the Office of Graduate Studies, EAB 202, at least one semester before graduation.