

University of Nebraska at Omaha
Proposed Supervisory Committee Form

Name: _____ **NU ID#:** _____

Address: _____ **City/State:** _____ **Zip:** _____

Department/School: _____ **Degree:** _____

Advisers Signature: _____

Committee Members: A minimum of 3 members is required - at least two from the major department/school and one from another department/school. **All** Supervisory Committee members, except for ex-officios, must be members of the Graduate Faculty at the University of Nebraska. Please type or print names.

Names:

Department/School:

<u>Names:</u>	<u>Department/School:</u>

Ex-officio (optional)

Recommended by: _____ Date: _____
 Graduate Program Committee, Chair

I agree to serve on the supervisory committee for this student who is working on his/her Masters or Ed.S. Degree. (Please sign your name.)

Chairperson of Supervisory Committee

Ex-officio (optional)

Approved by _____ Date: _____
 Dean for Graduate Studies

Send to the Office of Graduate Studies, EAB 203, at least one semester before graduation.