

**University of Nebraska at Omaha
Proposed Supervisory Committee Form**

Name: _____ NU Id#: _____

Department/School _____ Degree: _____

Committee Members: A minimum of three members is required – at least two from the major department/school and one from other department/school. All Supervisory Committee members, except for ex-officios, must be members of Graduate Faculty of the University of Nebraska. This form must be approved at least one semester prior to graduation.

Professor's Name

Campus Address/Zip

Chair: _____

Member: _____

Member: _____

Optional: Ex-Officio

Member: _____

Outside Representative:

Signatures:

I agree to serve on the supervisory committee for this student who is working on his/her Master's or EdS Degree.

Signature-Chair, Graduate Program Committee

Date: _____

Signature-Dean, Graduate Studies

Date: _____