

# M.S. Supervisory Committee Form

(Due by the second year of the graduate program)



Name: \_\_\_\_\_ uNID #: \_\_\_\_\_

New Committee: [ ]      Change of Committee: [ ]

Chair:	_____	_____	_____
	Name	Initials	Department

Member:	_____	_____	_____
	Name	Initials	Department

Member:	_____	_____	_____
	Name	Initials	Department

Justification for change: \_\_\_\_\_

**This form must have initials or an attached email with written agreement to serve on the committee.**

*Return completed form to the department office, Annex 2142.*

For Graduate Coordinator Only:

Approval Signature: _____	Date: _____
Department Chair or Director of Graduate Studies	

Date entered in GTS: \_\_\_\_\_ By: \_\_\_\_\_