

SUPERVISORY COMMITTEE SELECTION FORM

Student name: _____

Area: _____

Advisor: _____

Short Title of Proposed Research: _____

Proposed Committee Members:

In Primary Research Area (in order of preference):

1. _____

Justification _____

2. _____

Justification _____

3. _____

Justification _____

4. _____

Justification _____

5. _____

Justification _____

Out of Primary Research Area (in order of preference):

1. _____

Justification _____

2. _____

Justification _____

3. _____

Justification _____

Temporary Chair of Supervisory Committee for Oral Exam (from the above proposed members):

Out of Department:

_____ Dept. Name: _____

Signature of out-of-department member: _____

NOTE: Signature of out-of-department member must be obtained before Research Advisor's signature

Approval of Research Advisor (signature required): _____