

Supervisory Committee Proposal Form

Please fill in the names of the faculty, in order of preference, which you propose for your supervisory committee. After the form has been completed, have your advisor sign indicating that the proposed members are appropriate for your research. Return the form to the Graduate Education Office (4404 TBBC) no later than September 1 of the 2nd year. The Graduate Education Committee will inform you of the final selection of committee members by September 30th.

Name: _____

Primary Research Area: _____

Short Title of Proposed Research: _____

Advisor: _____

Proposed Committee Members:

| <u>Primary Research Area (in order of preference)</u> | <u>GEC Selection</u> |
|---|----------------------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |

Out of Area (in order of preference)

| | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

Out of Department [NOTE: The student must meet with the out-of-department member and obtain his/her agreement to serve]

1. _____ Dept. Name: _____

Signature of out-of-department member: _____

Proposed Committee Members Justification:

Please provide a short 1-2 sentence justification for each of the faculty members listed above explaining why they should be placed on your Supervisory Committee. (Attach your justifications to your selection form)

Approval of Research Advisor (signature required):

Print Name

Signature

Date
