

Request to Establish a PhD Supervisory Committee

Student Name: _____ **Student #:** _____

COMMITTEE CHAIR/MEMBERS PLEASE NOTE: By signing this form, you are agreeing to chair or become a member on this PhD student's Supervisory Committee. This form will not be processed without signatures.

Committee Chair (print name): _____ (if co-chair, initial here): _____

Department: _____

Email: _____

Signature: _____

Committee Member (print name): _____ (if co-chair, initial here): _____

Department: _____

Email: _____

Signature: _____

Committee Member (print name): _____

Department (or Company affiliation): _____

Email: _____

Signature: _____

Committee Member - GSR (print name): _____

Department (or Company affiliation): _____

Email: _____

Signature: _____

Student Signature: _____ **Date:** _____