

REQUEST FOR SUPERVISORY COMMITTEE

Complete, secure signatures, and submit to GG Grad Advisor (gg-grad-forms@utah.edu)

Name			E	Email		
UNID			Program	MS	PhD	Date
Super	visory Co	mmittee Gu	ıidelines:			
MS: PhD:	Must consist of three members Chair and majority of the committee must be tenure-line faculty in our department. One of the three may be from outside the department or be adjunct or career-line from our department, CV & Justification Letter is needed for outside member All members must have at least a Master's degree Must consist of five members Chair and majority of the committee must be tenure-line faculty in our department. One member must be from outside the department, CV and Justification letter is needed for outside member All members must have at least a PhD					
			er(s) who are not member's curre		culty, the s	tudent must submit a
Chair			_ Posit	ion/Job Tit	le	
Dept/	'Org			_ Signa	ture	
Member			Position/Job Title			
Dept/Org			Signature			
Member			Position/Job Title			
Dept/Org			_ Signa	ture		
Member			_ Posit	Position/Job Title		
Dept/Org				Signa	ture	
Mem	ber			_ Posit	ion/Job Tit	le
Dept/	'Org			Signa	ture	
Director of Grad Studies					Da	ate