



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): _____

Department: _____

Email: _____

Signature: _____

Committee Member or Co-Chair (print name): _____

Department: _____

Email: _____

Signature: _____

Committee Member (print name): _____

Department (or Company affiliation): _____

Email: _____

Signature: _____

Committee Member (print name): _____

Department (or Company affiliation): _____

Email: _____

Signature: _____

Important Notes:

1. IE PhD Supervisory Committees require a minimum of four members, at least three of whom (including the Chair and the Graduate School Representative) must be members of the Graduate Faculty with an endorsement to chair doctoral committees.
2. At least two faculty members must be from IE (including the Chair).
3. Please see Graduate Memo #13 for additional information regarding supervisory committees.

Student

Signature: _____ **Date:** _____