

## Master's Supervisory Committee Appointments

Complete and return to Graduate Program Assistant the quarter prior to the M.A. exam

**Student:** \_\_\_\_\_

The following faculty members have agreed to serve on my Master's Supervisory Committee:

<u>Faculty Member</u>	<u>Field</u>	<u>Signature</u>	<u>Date</u>
Chair	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_