Student’s Name___________________________________________________

Degree Sought ___________________________________________________

Faculty Member’s Name____________________________________________

Please sign and return to the Graduate Program Coordinator

__________   I am willing to serve as Chair of the supervisory committee
             of the above named student.

__________   I am willing to service as a member of the supervisory
             committee of the above named student.

__________   I decline to serve.

_______________________________
Signature

_______________________________
Date

Revised 8/05