

GRADUATE SUPERVISORY COMMITTEE
Department of Political Science

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