

DEPARTMENT OF RELIGIOUS STUDIES

NOMINATION OF A SUPERVISORY COMMITTEE

M.A. PH.D.

*Please submit this form with the "Statement of Thesis Subject"
(due one month after comprehensive exam results are sent out)*

NAME: _____

STUDENT NO.: _____

Please be sure that each committee member has initialled this form.

PRESENT ADVISORY COMMITTEE:

CHAIR: _____

Name (Printed) Signature

Member: _____

Name (Printed) Signature

Member: _____

Name (Printed) Signature

NOMINATED SUPERVISORY COMMITTEE:

CHAIR: _____

Name (Printed) Signature

Member: _____

Name (Printed) Signature

Member: _____

Name (Printed) Signature

All Committee changes are subject to Graduate Affairs and Departmental approval.

Date of Approval: _____