REQUEST FOR A SUPERVISORY COMMITTEE

UNIVERSITY OF UTAH
Department of Pathology
15 North Medical Drive East
Salt Lake City UT 84112
Office 801-585-5870
Fax 801-585-7376

Name ___________________________ U of U ID ___________________

Date: ___________________________ Area of Study ___________________

MS PhD Thesis Non-thesis/Project
(Please circle/highlight above what applies to your graduate program)

Email ___________________________ Phone ___________________________

Master’s supervisory committees consist of three faculty members, the majority of whom must be regular (tenured or tenure track) faculty in the student’s major department.

Doctoral supervisory committees consist of five faculty members, the majority of whom must be regular (tenured or tenure track) faculty in the student’s major department. One member of the supervisory committee must be from another department.

**All RAs: Please note that your tuition benefit program will only cover 84 cumulative credit hours. After that your tuition benefit will only cover resident tuition. There are two ways to avoid a hefty tuition bill. 1) Graduate before you have accumulated 84 credit hours; 2) Apply for state residency during your second year.

Please clearly print or type the supervisory committee names below and obtain their University ID number (if applicable) and their signatures.

CHAIR ___________________________ Signature ___________________________

Department_________________________ UID __________________________

MEMBER ___________________________ Signature ___________________________

Department_________________________ UID __________________________

MEMBER ___________________________ Signature ___________________________

Department_________________________ UID __________________________

MEMBER ___________________________ Signature ___________________________

Department_________________________ UID __________________________

MEMBER ___________________________ Signature ___________________________

Department_________________________ UID __________________________

DIRECTOR OF GRADUATE STUDIES SIGNATURE ___________________________

Please return this completed form to Kim Springer JMRB 1100. If changes are made to your supervisory committee a new form must be completed and turned in.