

INTERNATIONAL STUDIES (MAIS) SUPERVISORY COMMITTEE FORM

This form must be completed and on file in the Graduate Program Advisor's office (*Thomson 116*) by Thursday in the final week of instruction, Autumn quarter of student's final year.

STUDENT NAME: _____

PLANNED LAST QUARTER/YEAR: _____

Option: **2 Papers** _____ **Thesis** _____

Areas of Concentration:

	<u>Focus Type (Circle One)</u>	<u>Specific Focus</u>
1.	<i>Professional</i> <i>Regional</i> <i>IS Field Focus</i>	_____
2.	<i>Professional</i> <i>Regional</i> <i>IS Field Focus</i>	_____

COMMITTEE STRUCTURE:

Please indicate below your committee structure and obtain a signature from each committee member.

<u>Name</u>	<u>E-mail</u>	<u>Department</u>
CHAIR: _____	_____	_____
OTHER MEMBER(S):	EMAIL	CONSENT (<i>Signature or attach message</i>)
_____	_____	_____
_____	_____	_____

APPROVED BY:

_____ Graduate Program Coordinator <i>Deborah Porter</i>	_____ Date
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By signature below, student agrees to procedures established by the International Studies program and the supervisory committee:

_____ Student Signature	_____ Date
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