

# INTERNATIONAL STUDIES (MAIS) SUPERVISORY COMMITTEE FORM

This form must be completed and on file in the Graduate Program Assistant'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>Sabine Lang</i> )	_____ Date
---	---------------

By signature below, student agrees to procedures established by the International Studies program and the supervisory committee:

_____ Student Signature	_____ Date
----------------------------	---------------