

RUSSIAN, EAST EUROPEAN AND CENTRAL ASIAN STUDIES SUPERVISORY COMMITTEE FORM

This form must be completed and on file in the Graduate Program Advisor's office (*Thomson 116*) by the end of spring quarter of your first year in the program.

STUDENT NAME: _____

PLANNED LAST QUARTER/YR: _____

GEOGRAPHICAL AREAS (*Check*):

1. RUSSIA 2. EASTERN EUROPE 3. CENTRAL ASIA
4. OTHER (*Please Specify*) _____

MAJOR DISCIPLINE OF CONCENTRATION: _____

MINOR DISCIPLINE(S): _____

COMMITTEE STRUCTURE:

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

	<u>FIELD</u>	<u>FACULTY NAME (Please Print)</u>	<u>FACULTY SIGNATURE OF AGREEMENT (or attach email)</u>
CHAIR:	_____	_____	_____
OTHER MEMBER(S):	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

SPECIAL CONDITIONS OR COMMENTS:

APPROVED BY:

_____ Graduate Program Coordinator	_____ Date
_____ Student Signature	_____ Date