

**SOUTH ASIAN STUDIES
SUPERVISORY COMMITTEE FORM**

This form must be completed and on file in the Graduate Program Adviser's office (*Thomson 116*) by the 5th week of your 4th quarter in the South Asian Studies program..

STUDENT NAME: _____

PLANNED LAST QUARTER: _____

OPTION (*Check one*): _____ 1. THESIS _____ 2. TWO PAPERS

COMMITTEE STRUCTURE:

Please indicate below your committee structure and obtain a signature from each committee member. (Name typed in blanks by committee member acceptable.)

FACULTY NAME:
(Please Print)

FACULTY SIGNATURE
OF AGREEMENT

(typed name with email confirmation OK)

CHAIR:

OTHER MEMBER(S):

SPECIAL CONDITIONS OR COMMENTS

(Including schedule for submission of drafts):

APPROVED BY:

Graduate Program Coordinator
Sunila Kale

Date

Student Acknowledgement: I have read and understand the requirements as outlined in the South Asian Studies Handbook for the option I have selected above and agree to the schedule outlined by my committee.

Student Signature

Date