RUSSIAN, EAST EUROPEAN AND CENTRAL ASIAN STUDIES
SUPERVISORY COMMITTEE FORM

This form must be completed and on file in the Graduate Program Assistant's office *(Thomson 116)* before either the Written or Oral exam can be scheduled, and preferably at least two quarters before the completion of your Master's degree program.

STUDENT NAME:_____

PLANNED LAST QUARTER:_____

GEOGRAPHICAL AREAS *(Circle)*: 1. RUSSIA 2. EASTERN EUROPE 3. CENTRAL ASIA

4. OTHER *(Please Specify)*_____

DISCIPLINE OF CONCENTRATION:_____

MINOR DISCIPLINE(S): _____ _____

COMMITTEE STRUCTURE:

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

	FIELD	FACULTY NAME *(Please Print)*	FACULTY SIGNATURE OF AGREEMENT
CHAIR:			
OTHER MEMBER(S):			

SPECIAL CONDITIONS OR COMMENTS:

_____

_____

APPROVED BY: _____ _____

Graduate Program Coordinator Date

_____ _____

Student Signature Date