



Name: \_\_\_\_\_

Program: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Request to form: (select all that apply)

Email: \_\_\_\_\_

**Supervisory Committee**

Anticipated Quarter of General Exam: \_\_\_\_\_

**Reading Committee -- must be formed before final exam**

Anticipated Quarter of Final Exam (if known): \_\_\_\_\_

Role	Name	Email*	Supervisory Committee (4 minimum)	Reading Committee (3 minimum)
Chair (Faculty Adviser):			(Required)	
Co-Chair:				
Graduate School Representative**:			(Required)	
Additional Member:				
Additional Member:				
Additional Member:				
Additional Member:				
Additional Member:				

**NOTE:** Future changes to each committee can be requested through the Committee Revision Request Form.

**Chair Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**To be completed by the Office of Student Services:**  APPROVED  NOT APPROVED

**Comment:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\* Required for any non-UW committee members

\*\* Graduate School Representative must be UW Graduate Faculty endorsed to Chair and be present at exams. <http://grad.uw.edu/faculty-and-staff/faculty-locator/>