



Name: _____

Program: _____

Student ID #: _____

Request to revise: (select all that apply)

Email: _____

Supervisory Committee

Anticipated Quarter of General Exam: _____

Reading Committee -- must be

Anticipated Quarter of Final Exam (if known): _____

formed before final exam

Add the following member(s):

Role	Name	Email*

Remove the following member(s):

Role	Name	Reason

Please list all members of the revised Supervisory Committee and/or Reading Committee:

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

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 is required for Supervisory Committees; must be UW Graduate Faculty endorsed to Chair and be present at exams. <http://grad.uw.edu/for-faculty-and-staff/faculty-locator/>