

DEPARTMENT OF WOMEN STUDIES
PH.D. SUPERVISORY COMMITTEE

Student Name:

Student Number:

Approximate Date of General Exam (quarter/yy):

SUPERVISORY COMMITTEE:

Committee Chair

Signature

Email Address

GSR

Signature

Email Address

Committee Member

Signature

Email Address

Committee Member

Signature

Email Address

Committee Member

Signature

Email Address

Committee Member

Signature

Email Address

I have reviewed and approved the appointment of the above Supervisory Committee Members.

Supervisory Committee Chair

Date

Original copy to Women Studies Graduate Program Assistant; copy to Faculty advisor/supervisory committee members; keep a copy for yourself.