



## Master's Degree Supervisory Committee

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<b>Student's Name</b>	Signature	Date
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<b>Select One:</b>	Practicum/Project	Thesis
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**Research Topic**

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<b>Academic Advisor Name</b>	Signature	Date
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I agree to serve as the chair/member of the supervisory committee for the student named above.

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<b>Supervisory Committee Chair</b>	Signature	Date
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The Supervisory Committee Chair will assume academic advising duties if they are not currently the Academic Advisor:

<b>Yes</b>	<b>No</b>
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<b>Member #1</b>	Signature	Date
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<b>Member #2 (Optional)</b>	Signature	Date
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<b>Member #3 (Optional)</b>	Signature	Date
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**Note:** The chair and at least one-half of the total committee membership must be members of the [UW Graduate Faculty](#).