

# Appointment of Supervisory Committee

For the Doctoral Degree | Office of Graduate Studies | University of Nebraska-Lincoln



## STUDENT AND PROGRAM

Name \_\_\_\_\_ NUID Number \_\_\_\_\_  
*Last, First Middle*

Contact Information ☐ I affirm that my contact information in MyRED is current and correct. I have signed into [MyRED](#), reviewed my email addresses, mailing addresses, and phone numbers as recorded there, and updated any that were not current.

Academic Objective Degree \_\_\_\_\_ Major \_\_\_\_\_  
☐ Ph.D. ☐ Ed.D. Specialization \_\_\_\_\_  
☐ D.M.A. ☐ Au.D. Minor \_\_\_\_\_

## IDENTIFICATION OF SUPERVISORY MEMBERS

<u>Professor's Name</u>	<u>Reader</u>	<u>Campus Email Address ( _____@unl.edu or _____@_____.unl.edu)</u>
_____ <i>Chair</i>	N/A	_____
_____ <i>Co-Chair (leave this line blank if no co-chair)</i>	N/A	_____
_____ <i>Member</i>	<input type="checkbox"/>	_____
_____ <i>Member</i>	<input type="checkbox"/>	_____
_____ <i>Member</i>	<input type="checkbox"/>	_____
_____ <i>Outside Representative</i>	<input type="checkbox"/>	_____

Readers: Check two boxes above to identify two committee members, exclusive of chairs, who will serve as readers.

The Supervisory Committee is expected to meet within the same semester or summer term following its appointment by the Office of Graduate Studies to discuss and approve the Program of Studies for the student. The Program of Studies must be submitted to the Office of Graduate Studies with a minimum of 45 hours exclusive of language and/or research tools remaining to be taken. Any deviation from the 45-hour rule requires a written justification.

## APPROVALS

Department Graduate Committee Chair \_\_\_\_\_  
*Signature* *Date*

Dean of Graduate Studies \_\_\_\_\_  
*Signature* *Date*

*Revised 2018/01*