

This form is used to collect information for adding someone to a graduate student's supervisory committee of the nominee does not already have Graduate College approval to serve on the graduate faculty for the student's program.

Part I: Student Information

Name	ASU ID
ASU Email	Program
Justification for this request	
Signature	Date

Part II: Nominee Information

Name	Date of Birth (required by Graduate College)
10-Digit ASU or Affiliate ID (if applicable)	Email Address
Current Job Title	Nominee will serve as (choose one): <input type="checkbox"/> Member <input type="checkbox"/> Co-Chair

After completing Sections A&B, send this form and the nominee's CV to SOSGradAdvising@asu.edu.

Part III: Supervisory Committee Approvals (If committee has co-chairs, both must sign.)

Chair or co-chair name	Signature
Co-chair name (if applicable)	Signature