Agreement to Serve on Supervisory Committee

Student Name: ___________________________________________ Date: ____________

Curriculum Option:  ___ Nurse Educator    ___ Leader in Healthcare Delivery

Indicate one:    ___ Scholarly Project    ___ Thesis    ___ Course Work Option

Project or Thesis Topic or Courses to be taken in lieu of project/thesis:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

____ Copy of proposal attached    ___ Use of Human and Animal Subjects form attached

I hereby agree to serve as a chairperson/member of a supervisory committee for the aforementioned student. The supervisory committee chairperson must be a UWT Nursing Faculty and member of the Graduate Faculty. Members from outside the University who hold a master's degree or higher may be appointed. Third committee member is optional.

Chairperson: _______________________________ Date: ____________
(Signature)
Printed Name: ___________________________________________

Second Member: _______________________________ Date: ____________
(Signature)
Printed Name: ___________________________________________
If not UW Faculty: ___________________________________________
Employment position and degree(s)

Third Member: (optional) _______________________________ Date: ____________
(Signature)
Printed Name: ___________________________________________
If not UW Faculty: ___________________________________________
Employment position and degree(s)

Graduate Coordinator: _______________________________ Date: ____________
(Signature)