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)