

Supervisory Committee Meeting Schedule

Students Name: _____ ID# _____

Thank you for agreeing to be a part of my supervisory committee. Please indicate below the dates and times you are available for preliminary committee meetings.

1st Member

(1) Week of _____

M T W TH F

Time:

(2) Week of _____

M T W TH F

Time:

2nd Member

(1) Week of _____

M T W TH F

(2) Week of _____

M T W TH F

3rd Member

(1) Week of _____

M T W TH F

(2) Week of _____

M T W TH F

Deadline as supplied by student

Deadline as supplied by advisor