THE UNIVERSITY OF UTAH
DEPARTMENT OF MECHANICAL ENGINEERING

M.S. REQUEST FOR SUPERVISORY COMMITTEE

This form is to be filled in by the student and submitted to the ME Graduate Office (1560D MEK).

Name __________________________________________________________________________________________

Last     First       Middle

Salt Lake City Address __________________________________________________________________________

Street    City     State   Zip

U of U ID # ________________________________________Phone______________________________________

Major_____________________________________________ Department______________________________

STUDENT’S SUPERVISORY COMMITTEE: The committee, consisting of a chair plus two faculty members is to be
nominated by the Chair of the supervisory department or the Director of Graduate Studies according to departmental policy.
Committee appointments are not final until approved by the Dean of The Graduate School.

Please type names and have members initial or sign next to them.

COMMITTEE:

Chair ______________________________________________Department______________________________

Member______________________________________________Department______________________________

Member______________________________________________Department______________________________

The above committee members have been nominated to serve on the student’s supervisory committee.

Action by (Signature)__________________________________of__________________________

Dept. Chair or Director of Graduate Studies              Department              Date

THIS FORM IS DUE BY THE SECOND YEAR OF THE GRADUATE PROGRAM