

*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](mailto: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