



THESIS COMMITTEE DATA FORM

Student: _____ Date: _____

*Be sure to provide **all** information on **all** your committee members (including titles, ranks etc., i.e. Dr., Ms. Mr.). This will enable staff to ensure all members are notified correctly and in a timely fashion.*

Committee Members:

NRI Supervisor: _____

Co-Supervisor (if applicable): _____

U of M Member: _____ Phone: _____

Address: _____

E-mail: _____

U of M (Non-NRI) Member: _____ Phone: _____

Address: _____

E-mail: _____

Member: _____ Phone: _____

Address: _____

E-mail: _____

Member: _____ Phone: _____

Address: _____

E-mail: _____

NRI Supervisor's Signature

Director's Signature