

This form should be completed when an academic unit requests special approval for qualified individuals to serve on Master's or Doctoral supervisory committees. For information regarding eligibility to serve on supervisory committees please reference the [ASU Graduate Policies and Procedures](#) or contact the Graduate College.

**The nominee's Curriculum Vitae must be uploaded with the submission of this form.**

**Step 1:**

**Nominee Information:**

NOMINEE NAME	DATE OF BIRTH (REQUIRED)	10 DIGIT ASU AFFILIATE ID#
EMAIL ADDRESS	CURRENT JOB TITLE	
Nominee will serve as:		
Member	Co-Chair	Chair (A Chair will be automatically approved to serve at all levels.)

**Student Information:**

STUDENT NAME	10 DIGIT ASU AFFILIATE ID#
EMAIL ADDRESS	STUDENT PLAN CODE

**Step 2: Approval of the Head of Academic Unit or Authorized Signer:**

(Required prior to step 3)

APPROVAL OF THE HEAD OF THE ACADEMIC UNIT or AUTHORIZED SIGNER	
NAME _____	
SIGNATURE _____	DATE _____

**Step 3: Graduate College Approval:**

APPROVAL OF THE GRADUATE COLLEGE	
NAME _____	
SIGNATURE _____	DATE _____

If you have questions regarding Committee Approval Requests, please see an academic advisor or email [grad-gps@asu.edu](mailto:grad-gps@asu.edu).