

**University of Washington Bothell
MN Program
Faculty Agreement to Serve on Supervisory Committee**

***Complete by 5th week of first quarter enrolled in BNURS 598**

Student's Name: _____ **Date:** _____

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I hereby agree to serve as a Chairperson/Member of a Supervisory Committee for the aforementioned student. (Important: Half of the Supervisory Committee must be comprised of Graduate Faculty members.)

Chairperson: _____
Signature _____ **Date** _____

Printed Name

Member: _____
Signature _____ **Date** _____

Printed Name

Member: _____
Signature _____ **Date** _____

Printed Name

Member: _____
Signature _____ **Date** _____

Printed Name

Project topic:

MN Program Coordinator (signature): _____ **Date** _____