UW Graduate School
Master’s Supervisory Committee Approval Form

Student Instructions
1. Complete the student information section and sign the student agreement.
2. Obtain your committee members’ signatures.
3. Scan your form (PDF) when it is completed and signed.
4. Upload the PDF to the Administrative Documents section of the UW ETD Administrator Site.
   Deadline: 11:59 p.m. PST on the last day of the quarter

Note: If your form is incomplete (missing information and/or signatures) or if GEMS receives it after the deadline, you are required to register the next quarter or pay the $250 Graduate Registration Waiver Fee:
http://grad.uw.edu/policies-procedures/general-graduate-student-policies/graduate-registration-waiver-fee/

Student Information
Name: Farah T. Sahoo                               Student ID #: 1569279
Graduation (Quarter/Year): Summer/2017              UW Email Account: sahoof@uw.edu
Name of Degree: eMPH                                 Program: Health Services

Student Agreement
I certify that I have presented my master’s supervisory committee with the final copy of my master’s thesis for examination and approval.

Signature of Student: Farah Sahoo                   Date: 8/11/2017

Master’s Supervisory Committee Agreement
I certify that I have examined the final copy of the above student’s master’s thesis and have found that it is complete and satisfactory in all respects, and that any and all revisions required by the final examining committee have been made.

Signature of Committee Chair: ______________________ Date: 8/12/2017
Print name below signature line: CHRISTIAN DIMAAANO, PHD, MPH

Signature of Committee Co-Chair (if applicable): ______________________ Date: ____________
Print name below signature line: ______________________ Date: ____________

Signature of Committee Member: ______________________ Date: ____________
Print name below signature line: CLARENCE SPIGER, DRPH, MPH

Signature of Committee Member: ______________________ Date: ____________
Print name below signature line: ______________________ Date: ____________

Signature of Committee Member: ______________________ Date: ____________
Print name below signature line: ______________________ Date: ____________

Questions: Please contact Graduate Enrollment Management Services (GEMS) at uwgrad@uw.edu or 206.685.2830.