

DEPARTMENT OF BIOLOGICAL SCIENCES

Master's Committee Form

TO: Committee on Graduate and Advanced Studies

FROM: _____ (student)

RE: Appointment of Advisory Committee

DATE SUBMITTED: _____

I request the approval to appoint the following for my advisory committee.

Name (printed)

Signature

Research Director (**required**)

Biological Sciences faculty member (**required**)

Biological Sciences faculty member(**required**)

Faculty Member from outside the department
(**either/or**)

(department of above faculty member)

(student signature)

(research director signature)

Master students must have a minimum of three faculty members. The Research Director is the Chairperson of the Advisory Committee.

RESEARCH TOPIC: (Thesis only)