Supervisory Committee Appointment Form
Please complete this form in Acrobat, print, then sign.

Student UFID | Last Name | First Name | Email Address

This form is being submitted for (check one): ◯ NEW Supervisory Committee ◯ CHANGE in Supervisory Committee

Degree (check one): ◯ Ph.D. ◯ Master's

Research Topic (2-4 words) _____

Advanced Concentration: Biochemistry and Molecular Biology

SIGNATURE (or email attachment) of Member's agreement to serve on supervisory committee

	UFID	NAME	SIGNATURE
Chair*			_____
(Co-Chair)			_____
Member			_____
Member			_____
Member			_____
External Member^			_____
(Deleted Member)			_____

Mentor's Basic Science Department Chair	Signature	Date
Concentration Director	Signature	Date
Associate Dean for Graduate Education	Signature	Date

*The Chair (and Co-Chair, if there is one) must be in the same concentration as the student. At least 2 committee members must be in the student's concentration.
^Only PhD students must have an external member not in the student's concentration. There may be more than 1 member not in the student's concentration, but only 1 is the external member of record.