

Department of Biological Sciences
Thesis Committee Membership Record

(Graduate Student Name)

(Date)

(Proposed Thesis Topic or Title)

I agree to serve as a member of the thesis committee for the above mentioned graduate student.

(Committee Member Name)

(Committee Member Signature)

(Date)

☐ Check if
Research
Supervisor

(Committee Member Name)

(Committee Member Signature)

(Date)

(Committee Member Name)

(Committee Member Signature)

(Date)

I agree to serve as chair of the thesis committee for the above mentioned graduate student, and approve the two faculty members who have signed above as committee members.

(Thesis Advisor Name)

(Thesis Advisor Signature)

(Date)

(Former Thesis Advisor Name)

(Former Thesis Advisor Signature)

(Date)

The Graduate Studies Committee approves the thesis committee for the above mentioned graduate student.

(Graduate Coordinator Name)

(Graduate Coordinator Signature)

(Date)

When completed, this form will be placed in the student's folder in the Department of Biological Sciences. Copies may be sent to the student, other committee members and the former advisor if applicable. If there are changes in committee composition, the student should complete a new form.