

APPLICATION FOR APPROVAL OF MASTERS COMMITTEE FORM

School of Biological Sciences

Name _____ Date _____

Proposed Masters Committee Composition:

Committee Advisor _____

Committee Member #2 _____

Committee Member #3 _____

Committee Member #4 _____

Committee Member #5 _____

(Minimum of three members)

GRADUATE COMMITTEE ACTION:

_____ Approved

_____ Not Approved

SBS Graduate Committee Chair

Date