

**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, minimum of one member must be an SBS funded faculty member)

**GRADUATE COMMITTEE ACTION:**

\_\_\_\_\_ Approved

\_\_\_\_\_ Not Approved

\_\_\_\_\_  
SBS Graduate Committee Chair

\_\_\_\_\_  
Date