

ORGANIZATION OF SUPERVISORY COMMITTEE

STUDENT _____

DATE _____

The following faculty agree to serve as the Supervisory Committee for my thesis work in the Master's Program in General Biology.

| Printed Name | Signature | Department | Date |
|----------------------------|------------------|-------------------|-------------|
| _____ Thesis Supervisor | _____ | _____ | _____ |
| _____ Committee Member | _____ | _____ | _____ |
| _____ Committee Member | _____ | _____ | _____ |
| _____ Committee Member* | _____ | _____ | _____ |

*Optional--Only 3 members are required for the supervisory committee.

Please return completed form to Ellie Warder, Department of Biochemistry, Biosciences West 270.