THESIS COMMITTEE MEMBERSHIPS
School of Biology

Date: __________________  __ Initial membership form __ Revised membership form

Student: ____________________________________________  Semester Entered Program: ______

Program (check one):  ____Ph.D.  ____M.S. with thesis  ____M.S. without thesis

Thesis committee members (must have at least 5, with primary advisor within Biology, and at least one member from outside of Biology)

1) __________________________________________________Signature ________________________________School/Department
   Advisor’s printed name

2) __________________________________________________Signature ________________________________School/Department
   External member’s printed name

3) __________________________________________________Signature ________________________________School/Department
   Co-advisor or Member’s printed name

4) __________________________________________________Signature ________________________________School/Department
   Member’s printed name

5) __________________________________________________Signature ________________________________School/Department
   Member’s printed name

6) __________________________________________________Signature ________________________________School/Department
   Member’s printed name

7) __________________________________________________Signature ________________________________School/Department
   Member’s printed name

________________________________________________Signature ________________________________School/Department
Graduate Coordinator printed name

Submit the completed and signed initial form to the Graduate Coordinator by the end of the second semester of your program and submit a completed and signed revision form whenever such revisions are made.