

Appointment of Supervisory Committee Approval Request

INSTRUCTIONS: This form is used when first electing a committee. When electing changes, use the committee change form. **The form must be returned to advisingforms@mse.ufl.edu.** Please print your committee members names then email the form to advisingforms@mse.ufl.edu. Once received, this form will be routed by our office to your committee members for their signature.

Student Name: _____ **UFID #:** _____

Program (Materials or Nuclear): _____ **Degree (Ph.D. or Master's):** _____

By signing, you consent to serve as a member of the above student's committee in the capacity indicated as specified by the UF graduate school.

Committee Members	Print Name	Signature
Chair (Required):		
Co-Chair (Optional):		
Member (Required):		
Member (Required):		
Member (Optional):		
Member (Optional):		
External (Required):		

Special Member (optional): complete only if you've selected a special member.

Name: _____ Email: _____

Signature: _____

Minor Member (optional): complete only if you are electing a minor. If a minor is designated, the committee must include a Graduate Faculty member from the minor department.

Name: _____ Email: _____

Minor Department: _____ Signature: _____