

Appointment of Supervisory Committee Approval Request

INSTRUCTIONS: This form is used when first electing a committee (Chair should already be designated). When electing changes, use the change committee form. **The form must be returned 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	Email	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: _____