

ADVISORY COMMITTEE FORM

Degree sought: (M.S./Ph.D.; circle one) **Title of Research Project:** _____

Student: _____ / /
Print Signature Date

Research Advisor: _____ / /
Print Signature Date

Co-Advisor: _____ / /
Print Signature Date

Required Members :

Chemistry Graduate Faculty Member in the Major Area (Division)

_____ / /
Print Signature Date

Chemistry Graduate Faculty Member NOT in the Major Area (Division)

_____ / /
Print Signature Date

Graduate Faculty Member outside the Chemistry Department (Ph.D. only)

_____ / / _____
Print Signature Date Department

Additional Member(s):

_____ / / _____
Print Signature Date Department

_____ / / _____
Print Signature Date Department

Approvals:

Graduate Coordinator

Signature/Date _____ / /

Chair

Signature/Date _____ / /