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|---------------------|--------------------------|
| New committee | <input type="checkbox"/> |
| Change in committee | <input type="checkbox"/> |

Supervisory Committee

Indiana University of Pennsylvania
Biology MSc Program

Date _____

| | | |
|------------|------------------|---|
| Name _____ | Banner ID# _____ | { <input type="checkbox"/> } Thesis { <input type="checkbox"/> } Non-thesis* check one |
|------------|------------------|---|

*For Non-thesis students, you are required to have an advisor and two assessors for your competency exam.

By signing this form, I agree to serve on the above students committee:

| | | |
|-------------|-------------------------|--------------------------------------|
| Chair _____ | Faculty Signature _____ | Department (core faculty only) _____ |
|-------------|-------------------------|--------------------------------------|

| | | |
|------------------------|-------------------------|--------------------------------------|
| Co-chair /Member _____ | Faculty Signature _____ | Department (core Faculty only) _____ |
|------------------------|-------------------------|--------------------------------------|

| | | |
|--------------|-------------------------|--------------------------------------|
| Member _____ | Faculty Signature _____ | Department (core Faculty only) _____ |
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|--------------|-------------------------|----------------------------------|
| Member _____ | Faculty Signature _____ | Department (CF or Outside) _____ |
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| Member _____ | Faculty Signature _____ | Department (CF or Outside) _____ |
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Return this signed and completed form to **Melanie Muscatello (Room 114 Weyandt Hall)**.

(office use only)

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| Sent back to student for more information _____ C.V. for adding outside member needed _____ Letter of justification for adding outside member needed _____ Supervisory committee has been entered and is complete _____ Copy sent to Graduate Coordinator for file _____ Note: _____ |
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