



DEPARTMENT OF CHEMISTRY AND BIOCHEMISTRY
GRADUATE RESEARCH SUPERVISORY COMMITTEE APPROVAL FORM

Student's Name: _____ Student's Signature: _____

Z Number: _____ Date: _____

Degree: Ph.D. M.S. Program Entry Date (Semester/Year): _____

Supervisory Committee Members:

Chair of Research Committee (Print name) Signature _____ Date _____

Major Research Advisor (Print name, if different from above) College/Department _____

Member (Print name) College/Department _____

Member (Print name) College/Department _____

Member (Print name) College/Department _____

Member (Print name) College/Department _____

Research Supervisory Committee Approved by Department:

Graduate Program Committee Chair (Print name) Signature _____ Date _____

Department Chair (Print name) Signature _____ Date _____