

### ADVISORY COMMITTEE APPOINTMENT FORM

#### Please type or print all information, except where noted for signature. Return completed forms to the Academic Affairs Office: MSL 210C

PART I. STUDENT AND DEGREE INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | USF ID# | U |
| Street Address |  | City, State, Zip |  |
| E-mail Address |  | Phone |  |
| College | Marine Science | **Department**  **(abbreviate)** | Marine Science |
| **Graduate Program** | Marine Science | DepartmentMail Code | MSL 119 |
| Program Start Date |  | Degree Sought |  |

PART II. COMMITTEE INFORMATION

**Masters Committee Members: Minimum three (3) members.** At least two (2) committee members are required from CMS. The third member can be from outside of CMS in an area related to the research.

**Doctoral Committee Members: Minimum five (5) members.** At least three (3) committee members are required from CMS. At least one (1) member must be from outside of CMS. Additional members can be added for additional expertise.

**Non- USF Faculty:** CV’s are required for all non USF Faculty – please provide electronic copies to [sfrancis1@usf.edu](mailto:sfrancis1@usf.edu).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Full Name/ Email Address | **Signature of Approval**  All members must sign for themselves.  Electronic signatures are accepted. | **Dept.**  **(abbreviate)** | **Date Signed** |
| **Major Professor\*** **Co-Major Professor\*** | Email: |  |  |  |
| **Co-Major Professor\***  **Member** | Email: |  |  |  |
| Member | Email: |  |  |  |
| Member | Email: |  |  |  |
| Member | Email: |  |  |  |
| Member | Email: |  |  |  |
| **Member** | Email: |  |  |  |

# PART III. APPROVALS

|  |  |  |  |
| --- | --- | --- | --- |
|  | Full Name | **Signature of Approval** | **Date Signed** |
| **Program Director/**  **Dept. Chairperson** | Dr. David Naar |  |  |
| College Dean/Associate Dean | Dr. David Naar |  |  |