

### 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

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| 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.

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|  | 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

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