

Geosciences Graduate Committee Form

Date:

Student Name:

Z Number:

M.A.____ M.S.____ Ph.D.____ (Check One)

Area:

Note: You must either obtain a signature from each committee member indicating their agreement to serve on your committee or attach an email from the committee member indicating their agreement to serve on your committee.

Thesis / Dissertation Advisor:

Signature: _____

Co-Advisor:

Signature: _____

Committee Member:

Signature: _____

Committee Member:

Signature: _____

Committee Member:

Signature: _____

Committee Member:

Signature: _____

Department Chair Signature: _____

Date: _____