

THEM Graduate Student Supervisory Committee Form

Please fill out this form completely, obtain all required signatures, and submit a hard copy to the Graduate Program Assistant located in FLG 240.

Select One	
NEW Supervisory Committee Form	CHANGE in Supervisory Committee

Last Name	First Name	UFID

Degree (Select One)	
Master's	PhD

Major (Select One)	
HBM (online)	TRM (residential)

Master's Degree Option (Select One If Applicable)		
Thesis	Non-Thesis	Project in lieu of thesis

Master's Degree Concentration (Select One)		
No Concentration	Natural Resource Recreation	Tourism

PhD Minor/Master's Specialization (If Applicable):	
<i>Note: A representative from each minor sought by the student must be selected for the committee.</i>	

	Faculty Name	Signature	UFID	Department
Chair				
Member				
Member				
Member				
External Member				
Minor Representative				
Special Appointment*				
<i>*Special appointment members do NOT count towards the required committee member count, nor can they represent minors.</i>				

Committee Member Minimum Requirements	
Master's Non-Thesis	2 THEM Members
Master's Project	3 THEM Members
Master's Thesis	2 THEM Members & 1 External Member
PhD	3 THEM Members & 1 External Member

Committee Chair Signature

Graduate Coordinator Signature