SUPERVISORY COMMITTEE AGREEMENT

SUPERVISORY COMMITTEE AGREEMENT
Department of Entomology and Nematology
University of Florida
(To be completed by the student and signed by the committee)

NAME:_____ **DATE:**_____
Last **First** **Middle**

UFID:_____ **MATRICULATION DATE:**_____

MINOR:_____

DEGREE (Place X): _____**M.S. Thesis** _____**M.S. Non-Thesis** _____**Ph.D.**

EXPECTED DATE OF GRADUATION:_____
Month **Year**

***NOTE: It is recommended that the expected date of graduation be based on a planned scheduling of the courses to be listed on the Program of Study and on a realistic period of required research.**

AREA OF CONCENTRATION:_____

PROPOSED TOPIC OF RESEARCH:

COMMITTEE MEMBERS
***(Must be signed by all supervisory committee members)**

Print Name	**Signature**	**Date**
_____	_____	
Chairman		
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
External Member (Ph.D. only)		

***NOTE: The responsibilities of the Supervisory Committee for M.S. and Ph.D. degrees are given in the Graduate Catalog. At least two members (M.S.) or four members (PhD) of the committee must be Graduate Faculty at UF. Special members may serve on committees but must be in addition to the two, or four, Graduate Faculty committee members.**