THE UNIVERSITY OF ALABAMA
DEPARTMENT OF BIOLOGICAL SCIENCES
APPOINTMENT OF MASTER’S PLAN II COMMITTEE

STUDENT NAME: ___________________________ DATE: _______________
EMAIL: ___________________________ CWID: _______________

ADVISORY COMMITTEE:
The Advisory Committee must consist of three Biological Sciences faculty members. The student’s M.S. advisor serves as the Chairperson of the committee. Although not a requirement, the committee can also include one outside faculty member. If this person is from outside the University, a memo justifying the appointment and a copy of the member’s current curriculum vitae must be submitted to the Graduate Committee for approval.

COMMITTEE MEMBERS (printed names) DEPARTMENT INITIALS*
CHAIRPERSON: ___________________________ ___________________________ _______
MEMBER: ___________________________ ___________________________ _______
MEMBER: ___________________________ ___________________________ _______
OUTSIDE MEMBER: (Optional) ___________________________ ___________________________ _______

DEPARTMENT APPROVAL:

DEPARTMENT CHAIR: ___________________________ DATE: _______________
(Signature)

GRADUATE PROGRAM DIRECTOR: ___________________________ DATE: _______________
(Signature)

* By providing initials, the members agree to serve on committee.