

Department of Integrative Biology Graduate Program

M.S. Committee Meeting Form

To: Christine Brubaker
Academic Program Specialist

Date: _____

Graduate Student's Name: _____

Date of Committee Meeting: _____

Time of Committee Meeting: _____

Room/Location of Committee Meeting: _____

Registered for minimum 2 Thesis Hours? _____

This is to certify that the above mentioned grad student has met with their committee. (The student is required to meet with their committee by the end of the first semester and no later than the first 4 weeks of the second semester of residency).

Signatures of Committee:

Dr. Major Advisor Date

Dr. Co-Major Date

Dr. Committee Member Date

Dr. Committee Member Date

Dr. Committee Member Date

Requirement Met/Approval of IB Graduate Director

Dr. Stephen Deban– IB Graduate Program Director Date

Cc: Student

