

# Department of Integrative Biology Graduate Program

**Request to Form or Change Ph.D. Committee** (Circle either form or change)  
(Please allow 6-8 weeks advance notice)

To: Christine Brubaker, Academic Program Specialist

Date: \_\_\_\_\_

Graduate Student's Name: \_\_\_\_\_

USF ID# \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Does your research involve vertebrates?** Please circle: **Yes** or **No**. If Yes, a copy of the IACUC paperwork with permit number must be attached to this form when turned in to the IB Grad Office

The Graduate Committee consists of at least 4 members of the graduate faculty, 3 of whom are members of the Department of Integrative Biology. Other members may be from outside the IB Dept but must meet minimum standards to be credentialed to serve on Graduate Committees. Please include cv for any outside member for credentialing purposes.

List names—original signatures not needed at this time.

\_\_\_\_\_  
Major Advisor

\_\_\_\_\_  
Indicate if adding or removing Major Advisor

\_\_\_\_\_  
Co-Major Advisor

\_\_\_\_\_  
Indicate if adding or removing committee member

\_\_\_\_\_  
Committee Member

\_\_\_\_\_  
Indicate if adding or removing committee member

\_\_\_\_\_  
Committee Member

\_\_\_\_\_  
Indicate if adding or removing committee member

\_\_\_\_\_  
Committee Member

\_\_\_\_\_  
Indicate if adding or removing committee member

\_\_\_\_\_  
Committee Member

\_\_\_\_\_  
Indicate if adding or removing committee member

Approval of Graduate Director

\_\_\_\_\_  
Dr. Stephen Deban – Graduate Program Director  
Cc: student

\_\_\_\_\_  
Date

