

Epidemiology MSE Program Supervisory Committee Appointment Form

Student UFID	Last Name	First Name	Email Address

This form is being submitted for (check one):

NEW Supervisory Committee

CHANGE in Supervisory Committee

Research Topic (2-4 words):

SIGNATURE (or email attachment) of Member's agreement to serve on Supervisory Committee:

The Supervisory Committee oversees and mentors the MSE student through completion of the thesis. Supervisory Committee membership is dictated by the UF Graduate School (see [Graduate Catalog](#)). As shown in the table below, the Supervisory Committee consists of three faculty members: a core faculty member with primary appointment in the Department of Epidemiology; and two Graduate Faculty members in the Department of Epidemiology. At least two members must be on the tenure track.

	Type	UFID	Name/Dept (Printed)	Signature
A	Supervisory Committee Chair/Research Mentor			
B	Supervisory Committee Member			
C	Supervisory Committee Member			

Program Director Approval

Date

Department Chair Approval

Date

cc:
Student ____
Academic Advisor ____
Supervisory Committee Chair ____

Date entered into GIMS:
By: