

Graduate Research Advisory Committee Selection Form
Department of Chemistry and Biochemistry

Student Name: _____

Degree: ☐ Ph.D. ☐ M.S.

Advisory Committee Selection

| | Printed Name | Signature |
|--------------------------------------|--------------|-----------|
| Research Advisor/ Committee Chair | | |
| Committee Member | | |
| Committee Member | | |
| Committee Member | | |

Student Signature

Date

Department Chair Signature

Date