

## 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 is composed of at least three members selected from the Graduate Faculty. At least two members, including the Chair, must be core or joint faculty members in the Department of Epidemiology. Of these two members, at least one must be tenured or tenure accruing. One member may be from the Department of Epidemiology or another academic unit.

	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: